WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 24 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26493

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 3160

City Kansas City (No. 5015, State Line St. Ward)

2. FULL NAME Josephine Lawson

(a) Residence, No. 5015 State Line St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harrison L. Lawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 6, 1861

7. AGE: Years 74 — Months 10 — Days 29 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: William D. McGee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: A. Donahue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. W. J. Lloyd, 5015 State Line

18. BURIAL, CREMATION, OR REMOVAL
PLACE Excelsior Springs, Mo. 7-7 1936

19. UNDERTAKER (ADDRESS): Gates Funeral Home, Kansas City, Kansas

20. FILED July 6 1936 M. M. Crozier, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1936, to July 5, 1936
Last saw her alive on July 4, 1936. Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-5-36
66	

Other contributory causes of importance:

Thyrotoxicosis	1930
Arteriosclerosis	1930

Name of operation: None — Date of ...
What test confirmed diagnosis? Exam — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Eugene H Ferguson M. D.
(Address) 933 Prof Bldg

Lt. Ferguson 123

Professional File