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.

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

AUG 21 1936

Do not use this space.

27164

File No. 54

Registered No.

1. PLACE OF DEATH

County Lafayette — Registration District No. 461

Township ~~Lexington~~ — Primary Registration District No. 3024

City Lexington (No. , St. Ward)

2. FULL NAME James Lawson

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negroe

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edwina Carey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16, 1866

7. AGE: YEARS 70 — MONTHS 0 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Miner

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): Lafayette Co, Mo.

FATHER

13. NAME: Abraham Lawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co. Mo.

MOTHER

15. MAIDEN NAME: Eliza Jane Boldridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co. Mo.

17. INFORMANT (ADDRESS): Mrs. Edwina Lawson, Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lexington, Mo. DATE July 4, 1936

19. UNDERTAKER (ADDRESS): Winkler, Lexington, Mo.

20. FILED July 4, 1936 Faye B. Balto, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 2, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1936 to July 2nd, 1936

I last saw him alive on July 1st, 1936. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about Jan 1st 1936
2.3	

Other contributory causes of importance:

Myocarditis, (Chronic) (Hypertrophy of Heart)	about March 1st 1934

Name of operation — Date of

What test confirmed diagnosis? Sputum Was there an autopsy? Yes

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) John D Ball, M. D.

(Address) Lexington, Mo.