

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

Do not use this space.

OCT 1 1936

32229

1. PLACE OF DEATH

County St. Louis
Township Clinton
City Webster Groves

Registration District No. 788
Primary Registration District No. 4471
110 Orchard Ave.

File No. _____
Registered No. 85
St. _____ Ward)

2. FULL NAME Francis M. A. Lawson

(a) Residence, No. 110 Orchard Ave. St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Lee Lawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>	<u>-</u>	<u>11</u>	<u>9</u>	

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

12. BIRTHPLACE (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)

FATHER 13. NAME Henry T. Lawson

14. BIRTHPLACE (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rebecca Douglas

16. BIRTHPLACE (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)

17. INFORMANT Fred L. Abbott
(ADDRESS) 110 Orchard Ave.

18. ~~BIRTH~~ ~~OR~~ ~~REMOVAL~~ PLACE Elkins, N. Va. DATE Aug. 9th 1936

19. UNDERTAKER Robert J. Ambrose
(ADDRESS) C. Layton Rd. at Concordia Lane

20. FILED 88-36 Jules R. York
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931 to Aug. 7 1936

I last saw h. im alive on 8/6/36 1936 Death is said to have occurred on the date stated above, at 2 P. m.

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

Arteriosclerosis
Angina Pectoris

Date of onset _____

Other contributory causes of importance: gfa
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Frank P. Sount, M. D.
(Address) 16 N. Gore Ave., Webster Groves, Mo.

1465-W

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.

Anna Johnson