

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

Do not use this space.

44267

JAN 9 1937

1. PLACE OF DEATH

County Douglas
 Township South
 City Ava (No.)

Registration District No. 272
 Primary Registration District No. 5379

File No.
 Registered No. 113 Ward

2. FULL NAME

Martha Eleonora Lawrence

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Henry Lawrence (now deceased)

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

Nov. 20, 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>81</u>	<u>1</u>	<u>1</u>	

OCCUPATION

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

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)

Mass or Wisc.

13. NAME

Lafayette Briggs

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

N.Y.

15. MAIDEN NAME

May Paddock

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

U. S. A.

17. INFORMANT

Estella St. James
R. 3. Box 168 Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ava Mo DATE Dec. 20 1936

19. UNDERTAKER (ADDRESS)

Friends

20. FILED

1-9 1937 Henry Burke
 Registrar.

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

12-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....
 I last saw h. or alive on Dec 20 1936 Death is said to have occurred on the date stated above, at 12:45 A.M.

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

she had old age
paralysis & consumptive
tendries
she would not have
a doctor but depended
on God, as this was
her religious belief

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?

If so, specify flured girl

(Signed) Mrs. Daisy M. Glendon
 (Address) Jen. d. Ava Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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CERTIFICATE OF DEATH**

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Benton

1. PLACE OF DEATH

County *Douglas*
Township *Benton*
City (No. _____) _____

Registration District No. *272*
Primary Registration District No. *3379*

File No. _____
Registered No. *113*
St. _____ Ward _____

2. FULL NAME

Martha Elinora Laurie

(a) Residence, No. _____ 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 *7* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *wid*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min.
81 1 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED *1-9* 19*37* *Henry Bunker* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-24* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw h. _____ alive on _____, 19__. 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:

No physician in attendance

Date of onset

Other contributory causes of importance:

200a

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify

(Signed) *Henry Bunker*, M. D.
(Address) *Ada Mo.*

S-44267