FEB 26 1937

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

Do not use this space.

876

1. PLACE OF DEATH ~~Washington Mo~~
County Franklin
Township ~~Washington~~
City Washington Mo (No. ....., ..., St. ....., Ward)

Registration District No. 297
Primary Registration District No. 3016

File No. .....
Registered No. 9

2. FULL NAME Baby Lawrence

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

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Still Born Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 25th-1937

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Hospital Washington Mo

FATHER

13. NAME Burt Lawrence
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leslie Mo Franklin Co

MOTHER

15. MAIDEN NAME Hattie Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo Franklin Co

17. INFORMANT Wm Lawrence
(ADDRESS) Labadie Mo

18. BURIAL, ~~CREMATION, OR~~ REMOVAL New Haven Mo
PLACE DATE Jan 27-1937

19. UNDERTAKER Otto & Co
(ADDRESS) Washington Mo

20. FILED Jan 27, 1937 H. A. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Unknown, 19

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:

Stillbirth

Date of onset

Other contributory causes of importance:

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) J. Post, M. D.

(Address) Washington Mo

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.