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.

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

MAY 7 1937

Do not use this space.

14445

File No. 3941

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. City Hospital No. 1 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Verlnor Lawshe

(a) Residence, No. 2847 Delmar St., 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col.	Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	30	10	11	

30

OCCUPATION

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

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) Greenville (STATE OR COUNTRY) Mississippi

FATHER

13. NAME David Gibson

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE April 14 1937

19. UNDERTAKER Harry Wright (ADDRESS) 3400 Easton

APR 14 1937

20. FILED J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7- 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-23- 1937, to 4-7- 1937

I last saw him 34 alive on 4-7- 1937. Death is said to have occurred on the date stated above, at 10:15 m.p.m.

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

	Date of onset
PERITONITIS Resulting from Carcinoma of Rectum	3-23-37

Other contributory causes of importance: None

46D

Name of operation Date of

What test confirmed diagnosis? ------ 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?

If so, specify

(Signed) J. Owen Blache, M. D.

(Address) 2945 Lawton Avenue