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.

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Mercer — Registration District No. 556 — File No. 16978
Township — Primary Registration District No. 4324 — Registered No. 32
City Princeton (No. , St. Ward)

2. FULL NAME Cahrles Cecil Laws
(a) Residence, No. Princeton, Mo. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1898

7. AGE: Years 38 — Months 11 — Days 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Highway Department, maintainance division.
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): Mercer County, Mo.

FATHER
13. NAME: U. Grant Laws
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer County, Mo.

MOTHER
15. MAIDEN NAME: Etta Kirk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer County, Mo.

17. INFORMANT (ADDRESS): Estelle Foster, Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pine Cemetery DATE April 28, 1937

19. UNDERTAKER (ADDRESS): Noel Moss, Princeton Mo

20. FILED April 27, 1937 J M Perry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937, to April 27, 1937
I last saw him alive on April 27, 1937. Death is said to have occurred on the date stated above, at 7:05 a.m.
The principal cause of death and related causes of importance were as follows:

Accidental death, struck by passenger train while crossing tracks on a highway maintainer. Skull fracture; broken neck; crushing injury entire chest wall, multiple fracture right arm.

Date of onset

Other contributory causes of importance:

206M

Name of operation — Date of
What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Apr. 27, 1937
Where did injury occur? Grad. crossing, Princeton, Highway No 4 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place, Rock Island crossing of State Highway #4
Manner of injury See above
Nature of injury Was dragging gravel road.

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Driving maintainer to work.
(Signed) James H. Tomsville, M.D.
(Address) Coroner Mercer County, Mercer, Mo.
A S Bristow M.D.