

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

Do not use this space.

JUL 10 1937

22630

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City Mo. (No. 3421 Montgall) 2 St. 21st Ward 1

2. FULL NAME Lawrence L. GEORGE.
 (a) Residence, No. 3421 Montgall. St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 34 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

MEDICAL CERTIFICATE OF DEATH

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 Mrs. Ann George.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1892.

7. AGE YEARS <u>44</u>	MONTHS <u>4</u>	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

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

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 _____

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

22. I HEREBY CERTIFY That I attended deceased from Jan 1937 to June 7, 1937
 I last saw him alive on May 17, 1937 Death is said to have occurred on the date stated above, at _____ a.m.

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

Pulmonary Tuberculosis Oct 1931
23

Other contributory causes of importance:
Over work & fatigue

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER
 13. NAME Alvin George
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Nellie Center
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Ann George.
 (ADDRESS) 3421 Montgall

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Marys DATE June 3, 1937

19. UNDERTAKER Melody McGilley
 (ADDRESS) K. C. Mo.

20. FILED 6/2 1937 in town
 Registrar.

Name of operation X-ray 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? _____ 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? No.
 If so, specify _____
 (Signed) Dr. S. Cheney M. D.
 (Address) 1107 Bryant Bldg

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.

2
31
2

Dr. Rising
Beyant Bldg.