

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

Do not use this space.

47  
11  
JUL 29 1937

23945

1. PLACE OF DEATH

County Jasper  
Township  
City Carthage

Registration District No. 408  
Primary Registration District No. 3020

File No.  
Registered No.  
St. Ward

2. FULL NAME

Larry Brent Lawson

(a) Residence, No. Route 3 St. Ward.

Length of residence in city or town where death occurred 3 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 Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
3 4 8

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

13. NAME John Lawson

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

15. MAIDEN NAME Nina Hartley

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

17. INFORMANT Mrs. Poindexter (ADDRESS) Route 3, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage Cemetery DATE May 31, 1937

19. UNDERTAKER Kneel Mortuary (ADDRESS) Carthage, Mo.

20. FILED May 31, 1937 S. B. Childers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-27-37, 19, to 5-29-37, 19.

I last saw him alive on 5/29/37, 19. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Miliary Tuberculosis 6 wks.

Other contributory causes of importance: 22 wks.

Name of operation Date of  
What test confirmed diagnosis? Gram stain 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? If so, specify

(Signed) Walter M. Howard, M. D.  
(Address) Carthage, Mo.

