

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

Do not use this space.

1. PLACE OF DEATH Oct 19 1937
 County Jackson Registration District No. 399
 Township Blue Primary Registration District No. 1002
 City Kansas City, Mo. (No. Leedy Hospital) St. 303 Ward 303
 2. FULL NAME Miss Wilma Lawrence
 (a) Residence, No. 1010 - East 27th St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13 1916
 7. AGE YEARS MONTHS DAYS 20 9 20 1 LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Army
 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) Elk Creek Nebraska
 13. NAME Joseph Lawrence
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Dakota
 15. MAIDEN NAME Florence Hebel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT R. C. M. J. B. Hospital
 (ADDRESS) Leedy, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Tecumseh, Nebraska DATE Sept. 6, 1937
 19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Linwood, K. C., Mo.
 20. FILED 9/6 1937 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1937
 I HEREBY CERTIFY, That I attended deceased from June 30 1937 to Sept 3 1937
 I last saw her alive on Sept 3 1937 Death is said to have occurred on the date stated above, at 12:38 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
23
 Other contributory causes of importance:
Gonorrheal arthritis (?)
 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) R. C. M. J. B. Hospital M. D.
 (Address) Kansas City, 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.

