

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Christian  
Township Linden  
City..... (No. ....)

Registration District No. 185-  
Primary Registration District No. 5-2-5-9

File No. 33947  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Mary E. Lawson

(a) Residence, No. .... St. .... Ward. 1

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Amos Lawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
34 63 10 24

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

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) Lensell

13. NAME Richard Burhett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lensell

15. MAIDEN NAME Nancy Anderson

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

17. INFORMANT (ADDRESS) Amos Lawson  
Reynolds St A

18. BURIAL, CREMATION, OR REMOVAL PLACE Linden DATE Aug 4 1937

19. UNDERTAKER (ADDRESS) B. C. Krippner  
22 Ark St

20. FILED 10-8 1937 Josephine Murrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m..

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

Suicide  
death caused by  
shooting self with  
gun  
101

Other contributory causes of importance: Bad Health Health

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) J. W. Maples 4 Coronado M.D.

(Address) Cleves 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.

OCCUPATION  
FATHER  
MOTHER

2  
2  
2

