

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bohler
Township Union
City _____ (No. _____)

Registration District No. 4248
Primary Registration District No. 2608

File No. 38021
Registered No. 20
St. _____ Ward _____

2. FULL NAME

James Robert Lawrence
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lash Childs Browne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12 1897</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>0</u>	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)
Bohler, Pa.

13. NAME
John R. Browne

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

15. MAIDEN NAME
Walter Climbend.

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

17. INFORMANT (ADDRESS)
Mr. J. L. Jeffries

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Thicket DATE Oct. 12 1937

19. UNDERTAKER (ADDRESS)
Palmer's

20. FILED 11-10-1937 Ann Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-7-1937 to 10-10-1937
I last saw him alive on 10-10-1937 Death is said to have occurred on the date stated above, at 6 P. m.

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

Valvular Heart Disease Date of onset _____
Other contributory causes of importance: His age

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) D. C. Brouge M. D.
(Address) Cassway, 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.

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