

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.

NOV 19 1937

1. PLACE OF DEATH *Miller*
 County *Miller* Registration District No. *564*
 Township *Equality* Primary Registration District No. *5758*
 City *Tusculum* (No. _____) St. _____ Ward _____

2. FULL NAME *Samuel SOLLIVER Lawson*
 (a) Residence, No. *Tusculum* St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *80* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. *38247*

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Caledonia Lawson deceased.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 16, 1850.*

7. AGE YEARS *87* MONTHS *9* DAYS *26* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farmer (retired)*
 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) *7-7-37* 11. Total time (years) spent in this occupation *40*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Knobnoster, Mo.*

MOTHER
 13. NAME *Louis Lawson*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
 15. MAIDEN NAME *Nancy Greenhalgh*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

FATHER
 17. INFORMANT *Solliver Lawson* (ADDRESS) *Tusculum*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Tusculum* DATE *Nov. 13, 1937*

19. UNDERTAKER *Phillips* (ADDRESS) *Edon, Mo.*

20. FILED *Nov. 13, 1937* *L. M. Garner* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 11, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *He has not been seen by a Dr. for a year or so, when it was Dr. Kouns who is now dead.*
 I last saw him 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:
Chronic myocarditis
Senility Date of onset _____

Other contributory causes of importance:
930

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? *No*
 If so, specify _____
 (Signed) *L. M. Garner*, M. D.
 (Address) *Co. Health Officer, Tusculum, Mo.*

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38247
Do not use this space.

1. PLACE OF DEATH

(a) County Comilla Registration District No. 564
(b) Township Equality Primary Registration District No. 5758 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Tulliver Lawson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1937

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

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 9 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME

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

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME

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

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.

17. INFORMANT (ADDRESS)

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. FUNERAL DIRECTOR (ADDRESS)

If so, specify (Signed) L. M. Gagnes M. D.
(Address) Co. Health Officer, Comilla, Wis

20. FILED _____, 19____

Local Registrar.

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MEDICINING SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

