

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

96 County Saint Louis Registration District No. 1123
Township Jefferson Barracks Primary Registration District No. 6248B
City Jefferson Barracks (No. V A f) St. _____ Ward _____

File No. 46756

Registered No. 476

2. FULL NAME Otis M. LAWSON

(a) Residence, No. 2015 Market Street St. _____ Ward Saint Louis, Missouri
(Usual place of abode) Unkn. (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Night Hospital Clerk
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) Clarksville (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Clinical Clerk M. Schilling (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cem. DATE 12-7 1937

19. UNDERTAKER Peoples Mutual Burial League (ADDRESS) 3100 Franklin St. Louis, Mo.

20. FILED Dec 6 1937 L. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937 1937 to December 3 1937

I last saw him alive on December 3 1937. Death is said to have occurred on the date stated above, at 6:00A m.

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

Tuberculosis, pulmonary, chronic, far advanced, active. Date of onset Unkn.

Other contributory causes of importance: None Unkn.

Name of operation None
What test confirmed diagnosis? By clinical, manif. and laboratory
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 _____

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 Yes

(Signed) C. W. HUGHES, Chief Medical Off., M. D.
(Address) VAF Jefferson Barracks, 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.

