

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

19 County Cass Registration District No. 156 File No. 10398
Township _____ Primary Registration District No. 4090 Registered No. _____
8 City Harrisonville, Mo St. _____ Ward _____

02. FULL NAME William Arnold Lawrence 652
(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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24 - 1938</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	<u>—</u>	<u>—</u>	<u>21</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</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) <u>Harrisonville Mo</u>				
MOTHER	13. NAME <u>Carlin Blay Lawrence</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Laura Bowie Jones</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Mrs Florence Jones</u> (ADDRESS) <u>2nd St. City Jones</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warden bit</u> DATE <u>March 20, 1938</u>				
19. UNDERTAKER <u>Funerary Co</u> (ADDRESS) <u>Harrisonville Mo</u>				
20. FILED <u>March 19, 1938</u> <u>Greenley MD</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938, to Mar. 18, 1938
I last saw him alive on Mar. 18, 1938. Death is said to have occurred on the date stated above, at 6:10 a.m.
The principal cause of death and related causes of importance were as follows:
Enlarged Thyroid Gland Date of onset Birth

Other contributory causes of importance: 67.
None.

Name of operation None Date of _____
What test confirmed diagnosis? X-ray 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 _____ 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) Dr. E. B. Owen D.O.
845 (Address) Harrisonville 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.

