

REC'D MAY 24 1938

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

Do not use this space.

15736

1. PLACE OF DEATH

County St. Francois Registration District No. 779 File No. _____
Township St. Francois Primary Registration District No. 60240 Registered No. _____
City Cantwell (No. _____) St. _____ (Ward _____)

2. FULL NAME

Elisha L. Lawson 2,500
(a) Residence, No. Cantwell Mo. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 1 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Lead Co.

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) Missouri

13. NAME Ralla Lawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont no

15. MAIDEN NAME Sarah Lawson

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

17. INFORMANT Carl Lawson
(ADDRESS) Cantwell Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elvins DATE Apr. 17, 1938

19. UNDERTAKER C. J. Bayer
(ADDRESS) Deleat

20. FILED 5-9 W. P. Knapp
160 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 1938

22. I HEREBY CERTIFY, That I attended deceased ~~from~~
By request, 1938
I last saw him on Apr. 10, 1938 Death is said
to have occurred on the date stated above, at 4 A., m.

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

Infirmities of age Date of onset _____

Other contributory causes of importance:

(Asthma & pneumonia)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1938

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 Eleva, Thonice, Colorado

(Signed) Eleva Thonice, Colorado

(Address) Flat River, Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15-736
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 779
 (b) Township Randolph Primary Registration District No. 66.24a 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 Elisha L. Lawson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 20

OCCUPATION 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 _____

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 5-9 38 W.P. Huchworth
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-1938

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

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:

Influenza of age
10
 Other contributory causes of importance:
aspiration pneumonia
lobar pneumonia

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) E. Evans Province Coroner

(Address) Flat Five Mrs

SUPPLEMENTARY

REGISTERED SPECIALS... NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

