

REC'D JUN 9 1938

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

17246
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 009
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 3416 Broadway 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.

Registered No. **1943**

2. PRINT FULL NAME

Elias William Lawson 250
(a) Residence, No. 3416 Broadway 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grazell Page Lawson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 8, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
83 3 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as law mill, bank, etc. Retired Lumberman
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) West Virginia

FATHER 13. NAME T. W. Lawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Elizabeth Bailey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Herschel Lawson
(ADDRESS) 1114 Bennington, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dawson, Nebraska DATE May 11, 1938

19. FUNERAL DIRECTOR Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED 5-10-38 M. M. Craue
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 2nd, 1938, to May 9, 1938
I last saw him alive on May 9, 1938. Death is said to have occurred on the date stated above, at P. m. 11:30
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis -

Date of onset

Other contributory causes of importance:

Chronic Myocardia /
Decompensation -

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) Paul S. Johnson, M. D.
(Address) 920 Newbern

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.

4001
1-30-64

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____/Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)