

REC'D AUG 26 1938

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

26066  
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 626  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3031 Registered No. 72  
 (c) City Maryville (d) Street No. St. Francis Hospital 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 Thomas Lawson

(a) Residence, No. \_\_\_\_\_ St.  Graham, Mo.  
 (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 (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 2 25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Douglas County, Kansas  
 (STATE OR COUNTRY)

FATHER 13. NAME Thomas Lawson, Kentucky.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ellen Stanley,

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

17. INFORMANT Mrs. Ellen Shroyer, Quitman, Mo.  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham Mo. DATE July 21, 1938

19. FUNERAL DIRECTOR Price Funeral Home, Maryville Mo.  
 (ADDRESS)

20. FILED July 21, 1938 Manie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/3, 1938 to 7/19, 1938  
 I last saw him alive on 7/19, 1938 Death is said to have occurred on the date stated above, at 12:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

*Chr Myocarditis  
 Myocardial infarction  
 Chr Nephritis*

Other contributory causes of importance: 1/21

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? \_\_\_\_\_ 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) B. F. Byland, M. D.

(Address) Scirelington, Ind. 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.

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STATEMENT BY LICENSED EMBALMER

I, John W. Price, Licensed Embalmer No. 3229

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John W. Price  
Licensed Embalmer No. 3229

**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.)**