

REC'D OCT 5 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Garden Registration District No. 117 File No. 31861
 Township Casper Primary Registration District No. 5168 Registered No. _____
 City near Purkis (No. _____) St. _____ Ward _____

2. FULL NAME Issacc Newton Lawson 257
 (a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5 - 1858

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>9</u>	<u>13</u>	

OCCUPATION

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

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) IOWA

FATHER

13. NAME Thos. Lawson

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

MOTHER

15. MAIDEN NAME Margarette Walker

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

17. INFORMANT Aminda Cantwehl
(ADDRESS) ST. RT. VERSAILLES, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Dale Cemetery DATE Aug 21 38

19. UNDERTAKER W. F. Kidwicks
(ADDRESS) VERSAILLES MO

20. FILED _____ 19 X _____
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1938 to Aug 18 1938
 I first saw him alive on Aug 12 1938 Death is said to have occurred on the date stated above, at 3 p. m.
 The principal cause of death and related causes of importance were as follows:
Cause of the tongue.
 Date of onset 5 months ago

Other contributory causes of importance:
X5

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) W. G. Geunns, M. D.
 (Address) Versaille 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31861
Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 117
 (b) Township Jasper Primary Registration District No. 5168 Registered No. 22
 (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 38 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Issac Newton 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 13

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) (STATE OR COUNTRY) Iowa

13. NAME Thos Lawson

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

15. MAIDEN NAME Margaret Corpin

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

17. INFORMANT (ADDRESS) Springfield, Missouri
Dr. P. Versailles mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Dale Cem. DATE Aug 21 1938

19. FUNERAL DIRECTOR W. F. Kidwell
Versailles, mo.

20. FILED Nov 4 1938 Lizzie Meller
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jasper, Mo. to Aug 18 1938
 I last saw him alive on Aug 12 1938 Death is said to have occurred on the date stated above, at 3 P. m.

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

Date of onset Several months ago.

Other contributory causes of importance:

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) W. G. Gurns, M. D.

(Address) Versailles mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Every item of information should be extremely supplied. AGE should be stated EXACTLY. PHYSICIANS should state

SUPPLEMENTAL

