JAN 25 1938

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

Do not use this space.

43408

1. PLACE OF DEATH

49 County JASPER 2 Registration District No. 411 File No.

Township GALENA 1 Primary Registration District No. 2002 Registered No.

7 City JOPLIN (No. 2506 Jackson St. Ward)

5 2. FULL NAME 950 ALICE LAWSON

(a) Residence, No. 2506 JACKSON St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: FEMALE
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: WILL LAWSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-12-1857

7. AGE: YEARS 81 MONTHS 4 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED
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): NEWTON Co. Mo.

FATHER
13. NAME: HENRY LOWE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY 1

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " 9

17. INFORMANT (ADDRESS): MRS. IRMA THORPE 2506 JACKSON JOPLIN MO.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: FAIRVIEW CEM. DATE: 12/23 1938

19. UNDERTAKER (ADDRESS): VICTOR O. NIEMEYER Pierce City Missouri

20. FILED: 12-22 1938 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/21/38 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1938 to 12/21, 1938

I last saw her alive on Dec 20, 1938 Death is said to have occurred on the date stated above, at 6 a.m.

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

Chronic Myocarditis — Date of onset ?

93C

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? Clin 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) Merwin H Black, M. D.

372 (Address) Frisco Bldg. Joplin, 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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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