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.

REC'D MAR 9 1939

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

Do not use this space.

5807

1. PLACE OF DEATH
County Barton — Registration District No. 40 — File No.
Township — Primary Registration District No. 4024 — Registered No. 5
City Lamar (No. ..., ... St. ... Ward)

2. FULL NAME Carrol Wayne Lawless
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
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): Feb 17 1939
7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 12 hrs. or 35 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Lamar Mo.

FATHER
13. NAME: Troy Lawless
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lamar, Mo.

MOTHER
15. MAIDEN NAME: Bealah Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberal Mo.

17. INFORMANT (ADDRESS): Mrs Manley Bennett Lamar Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberal Cemetery DATE Feb 18 1939
19. UNDERTAKER (ADDRESS): Konantz's Lamar, Mo.
20. FILED Feb 18 1939 Mrs. Josephine Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 17 1939
22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to Ode Feby 17, 1939
I last saw her alive on Feby 17 1939. Death is said to have occurred on the date stated above, at 3:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant born at 6/2 Months	

Other contributory causes of importance: 154

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) Thos. T. Meyer M. D.
(Address) Lamar, Mo.

RECEIVED
District Health Officer No. 6,
District File Number 6-39-495
Date Filed MAR 6 1939