

REC'D APR 18 1939

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

12618
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township _____ Primary Registration District No. 3039 Registered No. 87
(c) City Nevada or _____ (d) Street No. Nevada City 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Avery V. Lawry

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name of) Edith Lawry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 5 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Repairer
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 21

12. BIRTHPLACE (CITY OR TOWN) Rich Hill
(STATE OR COUNTRY) Missouri

13. NAME Daniel R. Lawry

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

15. MAIDEN NAME Cora McPherson

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

17. INFORMANT Daniel Lawry
(ADDRESS) Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenhawn DATE Mar. 21, 1939

19. FUNERAL DIRECTOR (NAME) Paul's Reapley
(ADDRESS) Rich Hill Mo.

20. FILED 3-23, 1939 Allen V. Hays
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1939 to MARCH 18, 1939
I last saw him alive on MARCH 18, 1939. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

CARCINOMA of STOMACH
Toxic Infection from
Numerous Abscessed Teeth
HYPERTENSION
GASTRIC HEMORRHAGE
Other contributory causes of importance
RENAL CALCULUS in URETER
Cystic Kidney with
Pyelitis

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Robert Smith, M. D.
(Address) Rich Hill, Mo.

RECEIVED

District Health Officer No. 7;
District File Number 7-29-647
Date Filed 4-17-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed J Hudson Reasley
Licensed Embalmer No. 2730
P. O. Address Rich Hill Mo.

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.)

If this body is not embalmed, above space should be left blank.