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 MAY 18 1939

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

Do not use this space.

14600

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No. 40
City Excelsior Springs, Mo. (No. V. A. Facility St. 3d Ward)

2. FULL NAME LAWTER, Delno Rex
(a) Residence, No. Gentry, Mo. St., Ward. Gentry, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1891

7. AGE: Years 47 — Months 9 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) 1921
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Missouri

FATHER
13. NAME Charles Lawter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Phoebe Deen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Records V. A. Facility

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gentry, Mo. DATE April 2, 1939

19. UNDERTAKER (ADDRESS) Yaple Bare Funeral Home Albany, Mo.

20. FILED Apr 3, 1939 Louna McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1939, to April 1, 1939
I last saw him alive on April 1, 1939 Death is said to have occurred on the date stated above, at 8:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Active	Unk.

23

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) F. M. Buegsegger, M. D.
(Address) F. M. BUEGSEGGER, Officer of Day V. A. Facility, Excelsior Spgs. Mo

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 5/3/39