

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.

Miss Auto Hearse
MAY 19 1939

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

Do not use this space.

15213

1. PLACE OF DEATH

County Jasper Registration District No. 413
Township Wheeler Primary Registration District No. 5559.C.
City Webb City (No. WEBB CITY)

File No. 15213
Registered No. 31
St. Eden Ward C

2. FULL NAME

Dr. Florence Law
(a) Residence, No. 616 So 6th St. Ward Northville
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ben Law</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 4 - 1887</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>0</u>	DAYS <u>13</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Mo</u>		
FATHER	13. NAME <u>Melvin Harrison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Heye</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Records</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frankville Mo</u> DATE <u>May 14 1939</u>		
19. UNDERTAKER (ADDRESS) <u>Webb City Undertaking Co. Webb City Mo</u>		
20. FILED MAY 12. 39 19 <u>J. L. Fitchett M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1937, to MAY 12. 39, 1939.
I last saw her alive on MAY 12. 39, 1939. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia
Tuberculosis
Other contributory causes of importance: 72'

Name of operation None Date of
What test confirmed diagnosis Post mortem 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? No
If so, specify
(Signed) Jane S. Douglas, M. D.
Webb City (Address) 377

