

25 JUL 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Howard,  
Township Fayette,  
City Fayette, (No. 1)

Registration District No. 278  
Primary Registration District No. 4222

File No. 22248  
Registered No. 36  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Cicero Laurence,

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/9th 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 # 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
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) Missouri

13. NAME James B. Laurence,

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

15. MAIDEN NAME Unknown.

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

17. INFORMANT Corene Allen, Fayette, Mo.  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge, DATE 6/24th 1939

19. UNDERTAKER Guy T. Halley,  
(ADDRESS) Fayette, Mo.

20. FILED July 5, 1939 V. C. Bonham  
Registrar. 339

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/22nd 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1939, to 6-22, 1939

I last saw him alive on 6-22, 1939. Death is said to have occurred on the date stated above, at 4 m.  
The principal cause of death and related causes of importance were as follows:

Uremic Coma Date of onset 6-20-39

Other contributory causes of importance:  
Cardio-vascular Disease 1938

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab 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) Joe Bloom, M. D.

(Address) Fayette, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7/7/39