

REC'D AUG 3 1939

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

26342  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 1004  
(b) Township De Sours Primary Registration District No. 580.5 Registered No. \_\_\_\_\_  
(c) City Point Pleasant or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  Point Pleasant Mo  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12-1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 69 5 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
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) apl. 1937 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Point Pleasant Mo.

13. NAME Wm. W. Laws

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Henry F. Hawthorn Fayette Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evans Cemetery 7-16-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Louis  
Carrollville Mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to 7/15 1939  
I last saw him alive on 7-14 1939. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Diabetic Mellitus  
54  
Other contributory causes of importance:  
acute Colitis

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) H. F. Hawley, M. D.  
Evans Mo.  
(Address) \_\_\_\_\_

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.

STANDARD PRINTING CO.

**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.....

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

Signed Noel C. Drace

Licensed Embalmer No. 3941

P. O. Address Courthouse

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

26342  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 604  
(b) Township Le Biseau Primary Registration District No. 3805  
(c) City ..... (d) Street No. .... St.  
(e) Length of residence in city or town where death occurred ..... (If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm W. Laws

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to 7-15-1939  
First saw him alive on 14, 1939 Death is said to have occurred on the date stated above, at ..... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1870

The principal cause of death and related causes of importance were as follows:  
Diabetes melitus Date of onset

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 5 3

Other contributory causes of importance:  
acute colitis

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Apr 1939 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Point Pleasant, Mo.

FATHER 13. NAME S. W. Laws

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Henry F. Hawkins  
Gaslight no

18. BURIAL, CREMATION, OR REMOVAL PLACE Evans Cem DATE 7-16-1939

19. FUNERAL DIRECTOR (ADDRESS) H. S. Smith  
Cynthierville

20. FILED 9/12 1939 Wm W. O'Bannon  
Local Registrar.

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 H. J. O'Kellery, M. D.  
(Address) Portageville, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

5 - 26342

1939