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.

50M-9-19-38 I X16605

AUG 1 1939

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

26985
Do not use this space.

100

1. PLACE OF DEATH
(a) County Scott
(b) Township Kelso
or
(c) City Illmo
Registration District No. 1155
Primary Registration District No. 6065
Registered No.
(d) Street No. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 652 Marshall A. Lawrence
(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: 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: Versie Lawrence
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8, 1872
7. AGE: YEARS 67 | MONTHS 5 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Butcher
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: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Metropolis, Ill.

FATHER
13. NAME: John Lawrence
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Otis A. Lawrence, 9405 S. Racine, Chicago, Ill.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Duger Cem Rockport, Ill. DATE: 7-14, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Bisplinghoff-Hubbard, Illmo, Missouri
20. FILED: 7-13, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/13, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7/6, 1939, to 7/12, 1939
I last saw him live on 7/12/39, 19.... Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance: 93 d

Name of operation: none Date of
What test confirmed diagnosis? none 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: none
Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
729 (Address) Illmo Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 7/26/39

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Mamie Bergling Hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.