

REC'D SEP 20 1939

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

Do not use this space.

29068

1. PLACE OF DEATH

County Linn Registration District No. 290  
Township Saline Primary Registration District No. 540C  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 7

2. FULL NAME unnamed **LAWSON**

(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

MEDICAL CERTIFICATE OF DEATH

SEX male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-25-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day 30 hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Denath, Mo

FATHER 13. NAME W. C. Lawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denath, Mo

MOTHER 15. MARRIAGE NAME Hazel Boyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denath, Mo

17. INFORMANT W. C. Lawson (ADDRESS) Denath, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McDaniel Ave DATE Aug 25 1939

19. UNDERTAKER Carried by family (ADDRESS) \_\_\_\_\_

20. FILED Sept 1 1939 W. C. McDaniel Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1939 to Aug 25 1939

I last saw her alive on Aug 20 1939 Death is said to have occurred on the date stated above, at 120 P. M.

The principal cause of death and related causes of importance were as follows:  
Pneumonia

Other contributory causes of importance:  
154

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? no  
If so, specify \_\_\_\_\_  
(Signed) W. C. McDaniel, M. D.  
Denath, Mo (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 3,

District File Number 939-53

Date Filed 9/6/39