

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

Do not use this space.

DEC 15 1939

1. PLACE OF DEATH
 County Holt Registration District No. 368
 Township Lincoln Primary Registration District No. 55-14
 City Craig (No. _____) St. _____ Ward _____

2. FULL NAME Mr. Leon Leta Lawrence

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 39785
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR 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) Nov. 17, 1879

7. AGE YEARS 59 MONTHS 5 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oil agent
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Felling Station
 10. Date deceased last worked at this occupation (month and year) 5/1/39 11. Total time (years) spent in this occupation 6

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

FATHER
 13. NAME Mr. Abe Lawrence
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Miss Marietta Gorman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mr. Ed Lawrence
 (ADDRESS) Craig, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Thayer Cemetery DATE 5/9 1939

19. UNDERTAKER Schopler Bros.
 (ADDRESS) Craig, Mo.

20. FILED 5-8 1939 Miss Susie Swan
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27 1939 to May 7 1939
 I last saw him alive on May 4 1939. Death is said to have occurred on the date stated above, at 11:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral pneumonia
 Date of onset 5/4/39

Other contributory causes of importance
Chronic Myocarditis 1937

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. C. Thomas M. D.
 (Address) Craig, Missouri

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 No. 897

District File No. 1239-1641

Date Filed DEC 8 1939