

FILED SEP 22 1944

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

Do not use this space.

30929

1. PLACE OF DEATH

County **Greene** Registration District No. **128**
Township _____ Primary Registration District No. **2000**
City **Springfield** (No. **748**) **College**

File No. _____
Registered No. **747**
St. _____ Ward _____

2. FULL NAME **James Elbert Lawson (Jim Lawson)**

(a) Residence, No. **748 College St.** 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 **M.** 4. COLOR OR RACE **V** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fannie Lawson**

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 18, 1885**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 6 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **clerk**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **clerking**
10. Date deceased last worked at this occupation (month and year) **9/17/44** 11. Total time (years) spent in this occupation **life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scott Co. Va.**

13. NAME **James E. Lawson**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scott Co. Va.**

15. MAIDEN NAME **Roseann Church**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scott Co. Va.**

17. INFORMANT (ADDRESS) **Vesta Lawson 738 S. Jefferson, Springfield Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Exeter Mo. Cem. 9/17/44**

19. UNDERTAKER (ADDRESS) **Koon Funeral Home Cassville, Mo.**

20. FILED **9-16-44** 19 **W. N. E. Handley Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 15, 1944** 19 **19**

22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1944** to **Sept 15, 1944**
I last saw him alive on **Sept 15, 1944** Death is said to have occurred on the date stated above, at **1:15 p.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Date of onset **8/21/44**
Other contributory causes of importance: **13/2/44**

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) **J. A. Britton**, M. D.
(Address) **Springfield, 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.

SEP 25 6 1944

AUG 20 1944

AUG 25 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reversed side of this certificate was embalmed by me,

Signed *E. M. Jones*

Licensed embalmer. No. 3453

Address Cassville, Mo.

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