

SEP 24 1930

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

Do not use this space.

26500

## 1. PLACE OF DEATH

County HenryRegistration District No. 347Township BethlehemPrimary Registration District No. 5489ACity (No.)File No. 64Registered No. 64St. (No.) Ward (No.)

## 2. FULL NAME

Martha Caroline M Lawler(a) Residence No. (Usual place of abode) St. (No.) Ward (No.)

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roll G Lawler6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>		<u>9</u>	<u>10</u>	

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St. Claire County, Mo.10. NAME OF FATHER John Harnes11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay County, Mo.(STATE OR COUNTRY) Mo.12. MAIDEN NAME OF MOTHER Lawler13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri

(STATE OR COUNTRY)

14. INFORMANT Ray Lawler(Address) Coal, Missouri15. FILED 8/23, 1930 Dr. E. C. Peeler

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22, 1930I HEREBY CERTIFY, That I attended deceased from June 20, 1930 to Aug 27, 1930 that I last saw h. or alive on Aug 18, 1930, and that death occurred, on the date stated above, at 7 a.m.THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Cancer of StomachCONTRIBUTORY (SECONDARY) 4 to 6 (duration) 1 yrs. 1 mos. 1 ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Samuel A. Poague, M. D.8/22, 1930 (Address) Clinton, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ToboDATE OF BURIAL Aug 23, 193020. UNDERTAKER Spencer & SawADDRESS Clinton, 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.

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