

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

Do not use this space.

4443

**1. PLACE OF DEATH**

42 County St. Louis  
Township Resurrection  
City East (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 5507A

File No. \_\_\_\_\_  
Registered No. 19 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Benjamin Franklin Lawler

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 21 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20th, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 5 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) 9-21 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Colorado 2

13. NAME Samuel Evan Lawler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

15. MAIDEN NAME Annie O'Connell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_ 31

17. INFORMANT Mrs. B. G. Lawler  
(ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Englewood DATE 7-29-54

19. UNDERTAKER W. D. Jones  
(ADDRESS) Clinton

20. FILED 2/29 19 32 Ed C. Peeler  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28, 1932  
22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1932, to 2-28, 1932.  
I last saw him alive on 2-25, 1932. Death is said to have occurred on the date stated above, at 7 P. M.  
The principal cause of death and related causes of importance were as follows:

nephritis, mitral insufficiency, (chronic) condition of abdomen free of extraperitoneal

Other contributory causes of importance:  
929 922 920

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) Ed Walker, M. D.  
(Address) 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.

APR 22 1932

19132-2-28  
1870-9-20

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