

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.

FEB 19 1936

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

Do not use this space.

1046

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
Township Beulah Primary Registration District No. 5489A Registered No. _____
City Clinton mo (No. _____) St. _____ Ward _____

2. FULL NAME

Walter R. Lawler
(a) Residence, No. Clinton mo St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Jan 25 1892

7. AGE YEARS 53 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
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) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton mo

13. NAME James W. Lawler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton mo

15. MAIDEN NAME Catherine Ritchey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Willie Irene Lawler Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 1-15 1936

19. UNDERTAKER (ADDRESS) Willson Funeral Home Clinton mo

20. FILED 1-18 1936 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1936, to 1-13 1936.
I last saw him alive on 1-13 1936. Death is said to have occurred on the date stated above, at 10²⁰ A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia of lung
Date of onset 1-6-36

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Chemo 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) Ed. C. Peckham, M. D.
(Address) Clinton Mo

