

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

Do not use this space.

1498

1. PLACE OF DEATH

County Wagoner
Township North City
City North City (No. 3021)

Registration District No. 417
Primary Registration District No. 3021

File No. 1498
Registered No. 7
St. Ward

2. FULL NAME

(a) Residence. No. 808 N. American 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Asalee Lawson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 X 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Lawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 31
(STATE OR COUNTRY) Arkansas

14. INFORMANT Asalee Lawson
(Address) North City, Mo.

15. FILED 1/14, 37 P M St. Louis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931 to Jan 12, 1931
that I last saw him alive on Jan 12, 1931, and that death occurred, on the date stated above, at 5:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF (3)

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? X-ray

(Signed) George W. Cox, M.D.

, 19 (Address) North City, 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 Park Cem Carthage

DATE OF BURIAL 1/15 1932

20. UNDERTAKER North City Und C

ADDRESS North City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS about state

FEB 4 1932

