

Dr. Richardson, Jr.

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

Do not use this space.

20364

1. PLACE OF DEATH
 64 County Monroe Registration District No. 547
 1 Township Mason Primary Registration District No. 3029
 8 City Hannibal (No. 1128, Woodrow St. _____ Ward _____)

2. FULL NAME Robbie Jean Lawney
 (a) Residence, No. 1128 Woodrow 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.

File No. _____
 Registered No. 181
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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 _____

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1933

22. I HEREBY CERTIFY, that I attended deceased from June 10, 1933, to July 9, June 11, 1933
 I last saw him alive on June 11, 1933 Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: 159 159

Premature

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

13. NAME Amos Lawney 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo.

15. MAIDEN NAME Lillian Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Aiken, Mo.

17. INFORMANT Amos Lawney (ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE June 11, 1933

19. UNDERTAKER Roy P. Schwartz (ADDRESS) Hannibal, Mo.

20. FILED June 14, 1933 C. E. Cousineau Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera 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. H. Richardson, Jr., M. D.
 (Address) Hannibal, 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.

JUL 23 1933

