

SEP 21 1937

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

Do not use this space.

31255

1. PLACE OF DEATH

County Nodaway
Township Atchison
City (No.) (St.) (Ward)

Registration District No. 619
Primary Registration District No. 5821

File No.
Registered No. 34

2. FULL NAME Paul Revere Lawson

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30 1937

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1937

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 6:30 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 10

The principal cause of death and related causes of importance were as follows:
Date of onset

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

The Babe died before I saw it supposed to have had Cholera Infantum

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clearmont, Mo

1190

FATHER 13. NAME Jesse Lawson

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

MOTHER 15. MAIDEN NAME Audrey Royer

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bainbridge, W. Va.

Manner of injury.....
Nature of injury.....

17. INFORMANT (ADDRESS) Jose Lawson

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Deulman, Mo DATE Aug 31 1937

(Signed) Livane Day, M. D.
(Address) Magnolia, Mo.

19. UNDERTAKER (ADDRESS) Price Funeral Home

20. FILED Sp-2 19 37 Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

