

REC'D OCT 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County Way  
Township Folk  
City Lawson (No. ....)

Registration District No. 7422  
Primary Registration District No. 4444

File No. 33126  
Registered No. ....  
St. .... Ward)

2. FULL NAME Margaret Snow 58-11

(a) Residence, No. .... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1850-Aug-13

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 1 15

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME John Ketron

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

15. MAIDEN NAME Louisa Crow

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

17. INFORMANT Elbie Hallaway (ADDRESS) Lawson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cypress Springs DATE Sept. 30 1938

19. UNDERTAKER Richard - Jarman (ADDRESS) Lawson Mo.

20. FILED 22 19 19 Registrar. 666

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28 19 38

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 19 38 to Sept. 28 19 38

I last saw her alive on Sept. 28 19 38 Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Senility  
Arteriosclerosis  
Pulmonary Edema + Cardiac

Other contributory causes of importance: AD

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical 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? No.  
If so, specify .....

(Signed) Oliver E. Buelner, M. D.  
(Address) Lawson Mo.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10/5/38

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

33126

Do not use this space.

1. PLACE OF DEATH  
 (a) County Way Registration District No. 1742  
 (b) Township Lawson Primary Registration District No. 4444 Registered No. \_\_\_\_\_  
 (c) City Lawson (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Snow  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1880 - Aug 13

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
58 1 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 13. NAME John Ketrone  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER  
 15. MAIDEN NAME Louisa Dowd  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Elaine Holloway Lawson no

18. BURIAL, CREMATION, OR REMOVAL PLACE McLeansville DATE Sept 30 1938

19. FUNERAL DIRECTOR (ADDRESS) Pritchard & Janna Lawson mo

20. FILED Sept 29 1938 Edwin Slawer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 to Sept 28, 1938.  
 I last saw her alive on Sept 28 1938. Death is said to have occurred on the date stated above, at 5:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Semipity  
Acute Stenosis  
Pulmonary Edema + Cardiac Failure  
 Other contributory causes of importance: \_\_\_\_\_

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) Charles T. Pugh, M. D.  
 (Address) Lawson mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

