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

36202
Do not use this space.

1. PLACE OF DEATH
(a) County Henry Registration District No. 347
(b) Township Leesdale Primary Registration District No. 5
(c) City (d) Street No. St.
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)
Registered No.

2. PRINT FULL NAME Mattie D Lawler
(a) Residence, No. RR Clinton Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1867

7. AGE | YEARS 72 | MONTHS 1 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

FATHER
13. NAME Wm Peril Meredith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont Know

MOTHER
15. MAIDEN NAME Louisa Jane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT A L Lawler (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 11/14 19 39

19. FUNERAL DIRECTOR (NAME) J E Conerdin (ADDRESS) Clinton Mo

20. FILED 11-14 19 39 Dr J R Hamilton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 19 39

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 19 39, to Nov 12, 19 39
I last saw h alive on Nov 9, 19 39. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

acute Gastro Enteritis — Date of onset 2 mo
myocarditis — 1½ mo
Carcinoma of Rectum
Colon

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Joseph E Orndorff, M. D.
(Address) Clinton, Mo

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

312 Licensed Embalmer's Statement on Reverse Side)

RECEIVED, FILED-STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 1/3 1 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed J. E. Consolus

Licensed Embalmer No. 1891

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.