

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

Do not use this space.

**1. PLACE OF DEATH**

County Barry Registration District No. 37  
Township Washington Primary Registration District No. 641  
City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 15672  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph Marion Lawrence  
(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 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Ollie Lawrence</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-28-1868</u>				
7. AGE	YEARS <u>66</u>	MONTHS	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Farmer</u>			
	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	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1934  
22. I HEREBY CERTIFY, That I attended deceased from May 17 1934 to May 22 1934  
I last saw him alive on May 22 1934 Death is said to have occurred on the date stated above, at 8:29 p.m.  
The principal cause of death and related causes of importance were as follows:

Angina pectoris  
which was followed by  
lesions of the heart  
Date of onset 9/2/33  
Other contributory causes of importance: 9/6/33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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? no  
If so, specify \_\_\_\_\_  
(Signed) W. H. Cassell M. D.  
(Address) Cassell, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	13. NAME <u>M. V. Lawrence</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Christa Alder</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT <u>J. M. Lawrence</u> (ADDRESS) <u>Washington, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Toulon Cemetery</u> DATE <u>5-23-</u> 19 <u>34</u>	
19. UNDERTAKER <u>Barry</u> (ADDRESS) <u>Washington, Mo</u>	
20. FILED <u>6/11</u> 19 <u>34</u> <u>Jewell Keller</u> Registrar.	

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. JUN 20 1934

