

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

AUG 28 1936

Do not use this space.

25-63-a
16

1. PLACE OF DEATH

County Putnam
Township Plan
City (No. _____) _____

Registration District No. 719
Primary Registration District No. 5950

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

2. FULL NAME

Thomas Lawson

(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Armelia Lawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2, 1865</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>8</u>	Days <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmers</u>		11. Total time (years) spent in this occupation _____
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) _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Adam Lawson</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	15. MAIDEN NAME <u>Celestia Jones</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	17. INFORMANT (ADDRESS) <u>Mrs. J. F. Lawson</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cox Cem.</u> DATE <u>Jan 13, 1936</u>
19. UNDERTAKER (ADDRESS) <u>Green E. Kent Green City Mo.</u>	20. FILED <u>Jan 17, 1936</u> <u>Dr. C. O. Thomas</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 5, 1936 to Jan 12, 1936
I last saw him alive on Jan 5, 1936. Death is said to have occurred on the date stated above, at 4 P. M.

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

Cerebral Prostate

Other contributory causes of importance
Widespread Poisoning

Name of operation none Date of not
What test confirmed diagnosis renal 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. L. Taylor, M. D.
(Address) Green City 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.

