

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 29 1934

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

Do not use this space.

9823

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 774
 6 Township _____ Primary Registration District No. 60123
 6 City Flat River, Mo. (No. 4465) St. _____ Ward _____

2. FULL NAME Maud 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

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19th 1889

7. AGE YEARS 42 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Kent co Mo.

FATHER 13. NAME James Lohay
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Mary Taft
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent co Mo.

17. INFORMANT Lizzie Lawson
 (ADDRESS) Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Layne Cemetery DATE 3-19 1932

19. UNDERTAKER Baldwell Bros
 (ADDRESS) Flat River, Mo.

20. FILED March 25 1932 W. J. Bryan
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1932, to 3/12, 1932
 I last saw her alive on 3/11, 1932. Death is said to have occurred on the date stated above, at 10.5 m.
 The principal cause of death and related causes of importance were as follows:
acute carcinoma uteri
48 48
 Other contributory causes of importance ①

Date of onset 3/11/32

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical & x-ray 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. P. Dushant, M. D.
 (Address) Deage and

