

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

Do not use this space.

11214

**1. PLACE OF DEATH**

County Linn Registration District No. 1

Township Lawson Primary Registration District No. \_\_\_\_\_

City Lawson St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2

Registered No. 7

**2. FULL NAME**

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 1894

7. AGE 33 Years 10 Months 13 Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Student  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ark.  
(STATE OR COUNTRY)

10. NAME OF FATHER James Garrawater

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Edent Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark.  
(STATE OR COUNTRY)

14. INFORMANT John Garrawater  
(Address) Lawson, Mo.

15. FILED Apr 10 1931 Edwin Shouse  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1931, to Mar. 2, 1931.  
that I last saw him alive on Feb. 23, 1931, and that death occurred, on the date stated above, at 8 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Interosclerosis

CONTRIBUTORY (SECONDARY) 97

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Edwin Shouse M. D.  
, 19 (Address) Lawson, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Lawson PLACE OF BURIAL Lawson

20. UNDERTAKER J. M. Ward ADDRESS Lawson

A. 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 25 1931

