

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

PLACE OF DEATH

County Clinton

Township Hardin Atchison Registration District No. 205 File No. 40379

Village \_\_\_\_\_ Primary Registration District No. Junior Registered No. \_\_\_\_\_

City \_\_\_\_\_ (NO. 5283 St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Anna May Dawson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Dec. 28, 1916  
(Month) (Day) (Year)

DATE OF BIRTH Dec 22, 1916  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 22, 1916, to Dec 28, 1916, that I last saw her alive on Dec 27, 1916, and that death occurred, on the date stated above, at 9 A. M.

AGE 0 yrs. 0 mos. 6 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Septicæmia

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

130 (Duration) \_\_\_ yrs. \_\_\_ mos. 6 ds.

BIRTHPLACE (City or town, State or foreign country) Mo

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER Geo. V. Dawson

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo

MAIDEN NAME OF MOTHER Hellen Swankley

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kansas City

(Signed) S. D. Reynolds M. D. (Address) Gov. M.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) J. J. Lott

(ADDRESS) Gov. M.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

FILE NO. 286 1916 J. C. Gibson REGISTRAR

PLACE OF BURIAL OR REMOVAL Allen Cemetery DATE OF BURIAL Dec 29, 1916

UNDERTAKER Rollins & Davis ADDRESS Edgemoor 915

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

1 PLACE OF DEATH  
 County Clinton  
 Township Acheson  
 or  
 Village  
 or  
 City (NO. .... St.: .... Ward)

Registration District No. 205 File No. ....  
 Primary Registration District No. 5283 Registered No. ....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Anna May Dawson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Child  
 6 DATE OF BIRTH Dec 22 1916  
 (Month) (Day) (Year)  
 7 AGE 0 yrs. 0 mos. 0 ds. If LESS than 1 day, .... hrs. or .... min.?  
 8 OCCUPATION (a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry business, or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 28 1916  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, that I attended deceased from Dec 22 1916 to Dec 27 1916, that I last saw her alive on Dec 27 1916 and that death occurred, on the date stated above, at 10 a.m.  
 The CAUSE OF DEATH\* was as follows:  
Nephritis  
 (Duration) 0 yrs. 0 mos. 6 ds.

9 BIRTHPLACE (City or town, State or foreign country) Mo  
 10 NAME OF FATHER Geo J Dawson  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Gower Mo  
 12 MAIDEN NAME OF MOTHER Helen Swamley  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

CONTRIBUTORY (Secondary) (Duration) .... yrs. .... mos. .... ds.  
 (Signed) H D Reynolds M. D. Dec 28 1916 (Address) Gower Mo

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 THE Informant) Geo J Dawson  
 (Address) Gower Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
 At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.  
 Where was disease contracted if not at place of death? Mo  
 Former or usual residence

15 Jan 2 1917 J C Gower Registrar

19 PLACE OF BURIAL OR REMOVAL Gower Mo 20 DATE OF BURIAL Dec 28 1916  
 20 UNDERTAKER Davis & Pallis ADDRESS Edgemo Mo

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