

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.

1 PLACE OF DEATH

County Jasper

Township _____

or _____

Village _____

or _____

City Webb CityRegistration District No. 417File No. 10041Primary Registration District No. 3021Registered No. 55

JASPER COUNTY TUBERCULOSIS HOSPITAL

(NO. _____) WEBB CITY, MISSOURI St. _____ Ward _____

2 FULL NAME Edward L. Dawson

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH Jan 2nd 1881
(Month) (Day) (Year)

7 AGE 38 yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE
(City or town, State or foreign country) Missouri

10 NAME OF FATHER John L. Dawson

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

12 MAIDEN NAME OF MOTHER Mollie Crites

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. M. Dawson(Address) Thorton Washington

15 Filed 3/7, 1919 C. E. McQuaid
Registrar

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

16 DATE OF DEATH Mar 1, 1919

17 I HEREBY CERTIFY, that I attended deceased from Feb 15, 1919, to Mar 1, 1919, that I last saw him alive on Feb 28, 1919, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Tub. Tuberculosis
(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Heart
(Duration) _____ yrs. _____ mos. ds.

(Signed) Eda Stock M. D.
Mar 1, 1919 (Address) Webb City, Missouri

*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. 14 ds. 39 In the State, yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? unknown

Former or usual residence. Joplin Mo

19 PLACE OF BURIAL OR REMOVAL Esser MoDATE OF BURIAL 3/7, 191920 UNDERTAKER Webb City Und Co.ADDRESS Webb City

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.

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

1 PLACE OF DEATH

County
Township Registration District No. File No.
or
Village Primary Registration District No. Registered No.
or
City (NO St. Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	16 DATE OF DEATH	
	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	(Month) (Day) 191..... (Year)	
6 DATE OF BIRTH	(Month) (Day) 1..... (Year)	17 I HEREBY CERTIFY, that I attended deceased from	
7 AGE	8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer)	that I last saw him 191..... to 191..... alive on 191..... and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:	
9 BIRTHPLACE (City or town, State or foreign country)	10 NAME OF FATHER	CONTRIBUTORY (Secondary)	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	(Duration) yrs. mos. da.	
	12 MAIDEN NAME OF MOTHER	(Duration) yrs. mos. da.	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	(Signed) M. D.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
15		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. da. State yrs. mos. da. Where was disease contracted if not at place of death? Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL		19 PLACE OF BURIAL	
20 UNDERTAKER		ADDRESS	
Filed 191..... Registrar		191.....	