

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

Do not use this space

8270

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City

Registration District No. 399

Primary Registration District No. 1097

File No. 1125
Registered No. 1125
Sl. PK 1097 (Ward)

2. FULL NAME

Ida J. Dawson
(a) Residence. No. Knobnoster mo. Ward. PK 1097
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Loren E. Dawson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 29, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 10 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Nebraska

10. NAME OF FATHER Moses F. Adcock

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

12. MAIDEN NAME OF MOTHER Mary Ingham

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

14. INFORMANT Loren E. Dawson
(Address) Knobnoster mo.

15. FILED 3/17, 1927 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1926, to Mar. 16, 1927, that I last saw him alive on 3-16, 1927, and that death occurred, on the date stated above, at 3:30 P.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of Uterus
40

CONTRIBUTORY (SECONDARY) Uterine Myofibroma
(duration) 9 yrs. 9 mos. 9 da.
(duration) 12 yrs. 9 mos. 9 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF Mar. 1826

DID AN OPERATION PRECEDE DEATH? DATE OF Mar. 1826

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Sheldon M. D.
3-16, 1927 (Address) 604 Commerce Bldg.

*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 Knobnoster mo.
D. W. Newcomer's Sons DATE OF BURIAL Mar. 16 - 1927

20. UNDERTAKER D. W. Newcomer's Sons. ADDRESS TC. 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.

RECORDED WITH ENROLLING INK—THIS IS A PERMANENT RECORD

