

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

Do not use this space.

30376

1. PLACE OF DEATH

County Gackson Registration District No. 399 File No. 3-33
Township Shaw Primary Registration District No. 1002 Registered No. 3-33
City Kansas City (No. K.C. General Hosp) St. Mo. (Word)

2. FULL NAME

Dawson, Ida Rams
(a) Residence. No. 1517 Euclid St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. 2 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 3 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
40

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) mo
(STATE OR COUNTRY)

10. NAME OF FATHER Herbert Dawson

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Record Clerk
(Address) K.C. General Hosp.

15. FILED 10/14/27 M. Grove REGISTRAR
Acad

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7 19 27

17. I HEREBY CERTIFY That I attended deceased from 9-5 1927 to 10-7 1927
that I last saw her alive on 10-7 1927 and that death occurred, on the date stated above, at 6:35 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of uterus
with metastases

48 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George C. Gee, M.D.
10-8 1927 (Address) General Hosp. J.C. Hosp.

*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

Leeds DATE OF BURIAL 10-14 19 27

20. UNDERTAKER J. M. East ADDRESS City

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.

THIS IS A PERMANENT RECORD

