

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

Do not use this space.

32062

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. 9484

Township.....

Primary Registration District No. 1903

Registered No. 9484

City.....

(No.)

St. Ward)

2. FULL NAME

(a) Residence No. 1901 Wash St. 21 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Albert Dawson

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

May 25, 1908

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

19

6

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Domestic 121

(b) General nature of industry, business, or establishment in which employed (or employer)

130

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ark.

10. NAME OF FATHER

Wm. Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Leanna Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

14. INFORMANT

(Address)

Anna F. Woodward
City Hospital #2

15. FILED

JUL 23 1927

May 6 Starkoff
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

Oct. 24, 1927

17.

I HEREBY CERTIFY, That I attended deceased from

9/15/1927, to 10/21/21/1927
that I last saw her alive on 10/21/1927, and that death occurred, on the date stated above, at 3:20 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis due
to ruptured appendix

CONTRIBUTORY (SECONDARY)

Acute Appendicitis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? yes DATE OF 9/16/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

10/21/1927 (Address) City Hospital #2

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Earl Arkansas

10/25 1927

20. UNDERTAKER

T. S. Trade

ADDRESS

4202 Finney

