

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.

PERMANENT RECORD

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

Do not use this space.

32775

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1159
St. Ward

2. FULL NAME

(a) Residence. No. C.C. Dawson St. Ward.
(Usual place of abode) State Hospital #2

Length of residence in city or town where death occurred — yrs. 8 mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1852
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) unknown

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14.

INFORMANT Mr. Dawson
(Address) 1323 Prospect Ave St. Joseph, Mo

15.

FILED NOV 14 1927
John G. J. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10, 1927.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1927, to Nov. 10, 1927
that I last saw him alive on Nov. 10, 1927, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Arteriosclerosis
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

9/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical.

(Signed) J. R. Bunch, M. D.
11/10/27 (Address) State Hospital #2

*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

DATE OF BURIAL

City Cemetery Nov 14 1927

20. UNDERTAKER

ADDRESS

E. R. Sidunfaden 602 South 10th St.

