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

Do not use this space.

37503

1928 JAN

1. PLACE OF DEATH
County Macon — Registration District No. 527
Township ..... P. ..... Primary Registration District No. 4313
City Bevier, Mo (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 42

2. FULL NAME Albert Dawson

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 24 - 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	7	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Bevier
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Grant Dawson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Minnie Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Macon Co.

14. INFORMANT Jno Dawson
(Address) Bevier Mo

15. FILED 12/27, 1927 Ted Pierce REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927, to Dec. 20, 1927, that I last saw h[illegible] alive on Dec. 20, 1927, and that death occurred, on the date stated above, at 4 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis (Septic, Ulcerative)
91h
115A (duration) yrs. 3 mos. 14 ds.
CONTRIBUTORY (SECONDARY) Chronic Tonsilitis
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. E. L. Waddick, M.D.
Dec. 27, 1927 (Address) Bevier, Mo.

*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: West Oakwood — DATE OF BURIAL: 12/28 1927
20. UNDERTAKER: [illegible] — ADDRESS: Bevier 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.