WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

30686

File No. ....

Registered No. ....

1. PLACE OF DEATH
County Jackson Registration District No. ....
Township Kansas Primary Registration District No. ....
City of Kansas City (No. St. Mary's Hospital St., Ward)

2. FULL NAME John W. Dawson

(a) Residence. No. 6249 E 9 St., 12 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: male
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28, 1858

7. AGE: Years 69, Months 11, Days 28. If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer) 107A 93A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

PARENTS

10. NAME OF FATHER John W. Dawson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Holland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) France

14. INFORMANT J. J. Dawson
(Address) 1547 E. 52nd

15. FILED 9/27, 1928 M. M. Crane, Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to July 26, 1928, that I last saw h... alive on July 25, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis (Heart failure) (duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (SECONDARY) Age & Bronchial pneumonia (duration) ... yrs. 3 mos. 10 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? Physical Examination

(Signed) W. B. Fisk, M. D.

9/27, 1928 (Address) 910 Argyle 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: Mt. St. Mary's Cem. DATE OF BURIAL 9/28/1928

20. UNDERTAKER J. F. Wendell Co. ADDRESS 3742 Main