

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.

32259

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 12)

St. John's Hospital

File No. 9520

Registered No. 9520

St. (If nonresident give city or town and State) Ward)

2. FULL NAME

(a) Residence, No. 262 N. Kingshighway Blvd. St. Louis

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

(husband or wife of) Edward Dawson

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

Aug. 23, 1868

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

60

1

3

8. OCCUPATION OF DECEASED

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

Housework

(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)

Pennsylvania

10. NAME OF FATHER

Thomas F. Wolong

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pennsylvania

12. MAIDEN NAME OF MOTHER

Elizabeth G. Garty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pennsylvania

14.

Informant

John Dawson

262 N. Kingshighway

15.

Filed

SEP 27 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 26, 1928

17.

I HEREBY CERTIFY, That I attended deceased from

9-15-

1928, to

9-25-

1928

that I last saw her alive on 9-20-1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Sept. Gangrenous appendicitis with perforated Peritonitis

CONTRIBUTORY (SECONDARY)

Colic nephritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? YES DATE OF 9-19-28

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

Microscopic

(Signed)

D. T. Dabney, M. D.

Sep 27, 1928 (Address)

*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

Valhalla Crematory

Sept. 28, 1928

20. UNDERTAKER

ADDRESS

Jas. W. Clark, 1125 N. Adams Ave.

3rd of blood 1/2
Lithon 75-8-
13 1/2 p.m.