DEC 26 1928

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

Do not use this space.

35950

1. PLACE OF DEATH
County Ar[illegible] Registration District No. 26 File No.
Township Fairview Primary Registration District No. 3002 Registered No. 169
City Mexico (No. St. Ward)

2. FULL NAME Josie Dawson
(a) Residence. No. 420 E. Breckenridge 4 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 Female
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hiram Dawson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 1883
7. AGE Years 45 Months 11 Days 14 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY) MO

PARENTS
10. NAME OF FATHER Mark Dickerson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Mattie Bulard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) MO

14. INFORMANT Hiram Dawson
(Address) Mexico MO
15. FILED Nov 26th 1928 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Nov 19, 1928, that I last saw her alive on Nov 19, 1928, and that death occurred, on the date stated above, at 6 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Rectum
460
(duration) 2 yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Dam. Kidd
45
(duration) 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) R. L. Ritchie, M. D.
, 19 (Address) Mexico 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 Mexico MO Cem DATE OF BURIAL 11-22 1928
20. UNDERTAKER H A Pruett & Son ADDRESS Mexico 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.