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

Do not use this space.

14111

JUN 25 1929

1. PLACE OF DEATH

County: Cass

Township: Coldwater

City: Drexel

Registration District No. 151

Primary Registration District No. 4085

File No.

Registered No. 7

St. Ward)

2. FULL NAME Rebecca Jane 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)
F	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	16	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pulaski Co
(STATE OR COUNTRY) Va

PARENTS

10. NAME OF FATHER E. Dawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Martha Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) N. C.

14. INFORMANT Mrs. Myrtle Clark
(Address) Drexel Mo

15. FILED 4-27-19 29 John S. Bundy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr-27 1929

17. I HEREBY CERTIFY, That I attended deceased from April 5 th, 1929, to April 26, 1929 that I last saw her alive on April 26, 1929, and that death occurred, on the date stated above, at 1:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Tuberculosis infect Glands of lungs Bowels and Already broken down and Aggravated (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) no funeral Fund

(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? Physical Diagn

(Signed) J. H. Fletcher, M. D

, 19 (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 Sharon Cemetery

DATE OF BURIAL 4-29-1929

20. UNDERTAKER J. B. Hayes

ADDRESS Drexel Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL GIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County: Cass — Registration District No.: 151 — File No.:

Township: — Primary Registration District No.: 4083 — Registered No.: 7

City: Drexel (No. ..., ... St. ... Ward)

2. FULL NAME Rebecca Jane 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)
F	W	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
66	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 4/27/1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27 1929

17. I HEREBY CERTIFY, That I attended deceased from ... 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

... (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) ...

... (duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) ..., M. D.

, 19 (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
	4/28/1929
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

S-14111