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

Do not use this space.

26323

1. PLACE OF DEATH

791

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

File No. .....

Registered No. 7538

City St Louis (No. Mo. Baptist Sanitarium St. ..... Ward)

2. FULL NAME Adline Dawson.

(a) Residence. No. ..... St., 12 Ward. Overland, Mo.
(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)
Female	Colwhite	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	10	19.	

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) at Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry Potthast

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

12. MAIDEN NAME OF MOTHER Adline Walter.

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

14. INFORMANT Floyd Dawson.
(Address) 224 Woodson Rd - Overland Mo

15. FILED JUL 21 1929 19 Mary C Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1929

17. I HEREBY CERTIFY, That I attended deceased from 7/15/29, 19..., to 7-19-29, 19..., that I last saw her alive on 7-18-29, 19..., and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
from ruptured appendix.

(duration) ...yrs...mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....

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

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? yes. DATE OF 7-15-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation.

(Signed) C.A. Dewey, M. D.

, 19 (Address) 4503 Page.

*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 St Peters Cemetery — DATE OF BURIAL July 22 1929

20. UNDERTAKER Peth Bros — ADDRESS 3029 Lafayette Ave

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.

Taylor's Page
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7-8 PM