

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

Do not use this space.

36456

1. PLACE OF DEATH

County.....Buchanan
Township.....Washington
City.....Stop #8, Savannah Road, No. of St. Jos. Mo.

Registration District No. 86
Primary Registration District No. 5127

File No.
Registered No. 79
Ward)

2. FULL NAME Isreal Dawson

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 19, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 5 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retail Grocer
(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) Stark Co, Ill.

10. NAME OF FATHER

Jacob Dawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio.

12. MAIDEN NAME OF MOTHER

Isabelle Empey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio.

14.

INFORMANT.....Mrs. Flora Dawson
(Address).....Industrial City, Mo.

15.

FILED.....Nov 16, 1929.....J. B. Bunch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13 - 1929 to Nov. 13 - 1929 that I last saw him alive on Nov. 13, 1929, and that death occurred, on the date stated above, at 3.05 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intermittent Nephritis
(Chronic)
131
132.0 (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Uremia (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH.....

0 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....J. B. Bunch M. D.

11/14, 1929 (Address) St. Joseph, 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

DATE OF BURIAL

Maitland, Missouri

Nov. 16, 1929

20. UNDERTAKER

ADDRESS

Walter Meinhoff 1302 Faraon St

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.

WRITE IN INK WITH BLUE INK

18 1929

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