

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

25
2
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.

81 FEB 20 1930

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

Do not use this space.

41687

1. PLACE OF DEATH
 County Chelms Registration District No. 678
 Township _____ Primary Registration District No. 44048
 City St James (No. _____) St. _____ Ward _____

2. FULL NAME Donald H 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. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jun 23 - 1929</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>10</u>	<u>26</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Mansfield</u> (STATE OR COUNTRY) <u>MO</u>		
PARENTS	10. NAME OF FATHER <u>John Dawson</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Chelms co</u> (STATE OR COUNTRY) <u>MO</u>	
	12. MAIDEN NAME OF MOTHER <u>Elba Huff</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mc Comb</u> (STATE OR COUNTRY) <u>MO</u>		
14. INFORMANT <u>John Dawson</u> (Address) <u>St James MO</u>		
15. FILED <u>1-13 1930</u> <u>Henry H. Hatter</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19 1929

17. I HEREBY CERTIFY, That I attended deceased from 8:00
Dec 19, 1929, to 7:40, 1929
that I last saw h. alive on Dec 19, 1929, and that death occurred, on the date stated above, at 7:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Capillary Pneumonia
10 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100% (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Chas H Fultons M. D.
12-19, 1929 (Address) St James 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 <u>Masonic Cem</u>	DATE OF BURIAL <u>12-21 1929</u>
20. UNDERTAKER <u>W E Schuler</u>	ADDRESS <u>St James MO</u>

