

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

Do not use this space.

42741

12529

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No.) St. (Ward)

2. FULL NAME

Minnie Dawson
 (a) Residence, No. 1619 Rear Wash St. 25 Ward Dawson
 (Usual place of abode)
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 12-18 1929 to 12-22 1929 that I last saw her alive on 12-22 1929, and that death occurred, on the date stated above, at 7:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 1888

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute gastroenteritis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 4 2

error under (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Seamstress
 (b) General nature of industry, business, or establishment in which employed (or employer). Self
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at place of death

9. BIRTHPLACE (CITY OR TOWN) Miss.
 (STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Father Weber

10. NAME OF FATHER Tom Johnson

DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? from
 (Signed) O. W. Johnson, M. D.

12. MAIDEN NAME OF MOTHER Lucy Moses

12-23-1929 (Address) 4039a Fleming

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

*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.

14. INFORMANT Walter Dawson
 (Address) 1619 Rear Wash St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Father Weber DATE OF BURIAL Dec 26 1929

15. FILED DEC 24 1929 May J. Stanley REGISTRAR

20. UNDERTAKER
Ames E. Petter ADDRESS 3030 Bell Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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