

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

Do not use this space.

26121-a

**1. PLACE OF DEATH**

County Carter County  
Township Carter  
City Van Buren Mo. (No. \_\_\_\_\_)

Registration District No. 143  
Primary Registration District No. 2203

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Woodrow Dawson

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 17, 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>15</u>	<u>11</u>	<u>18</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) schoolboy.  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Carter Co. Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER M. L. Dawson

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

12. MAIDEN NAME OF MOTHER Annie Frepp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carter  
(STATE OR COUNTRY) Shannon Co Mo.

14. INFORMANT M. L. Dawson - Father  
(Address) Van Buren Mo.

15. FILED Aug 19 30 J. W. Cotton M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 5 1930

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 10.30 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

accidental drowning,  
while fishing in Current  
River near Van Buren,  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)**

1823 1823  
(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 J. M. Cottar, M.D.  
(Signed) \_\_\_\_\_  
, 19 \_\_\_\_\_ (Address) Van Buren

\*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 Clear Springs Cem DATE OF BURIAL 8/6/ 1930

20. UNDERTAKER Zimri Cowin ADDRESS Van Buren

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.

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