

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

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.

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

Do not use this space.  
  
30737

061 31 1930

1. PLACE OF DEATH  
 County Peters Registration District No. 668  
 Township \_\_\_\_\_ Primary Registration District No. 3032  
 City Adalia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Benjamin Dawson  
 (a) Residence, No. 612 1/2 S. Olive St. 4 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 30 - 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>76</u>	<u>5</u>	<u>25</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Police Judge  
 (b) General nature of industry, business, or establishment in which employed (or employer) City of Adalia  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cincinnati  
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Benjamin Dawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Era Moore Negre

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs N H Reynolds  
 (Address) Adalia Mo

15. FILED 9-26-30 J.P. Love REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1930, to Sept. 25, 1930 that I last saw him alive on Sept. 25, 1930, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Abdominal  
Myocarditis.  
930  
107A  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY Bronchial Pneumonia  
 (SECONDARY) (duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) E. O. Falbert M.D.  
Sept 24, 1930 (Address) 412 1/2 S. Olive Adalia 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 Crown Hill DATE OF BURIAL Sept 28, 1930

20. UNDERTAKER M. Laughlin Bros Adalia ADDRESS \_\_\_\_\_

