

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.

30791

1. PLACE OF DEATH

County Pike

Registration District No. 689

Township Louisiana

Primary Registration District No. 3023

City Louisiana (No. 321, 25th St., 15th Ward)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 321 25th St., _____ Ward.

(If nonresident, give city or town and State)

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.

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

Alma Reed

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

3-9-78

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

52

6

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

Pearl Button Factory

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pike Co. Mo

10. NAME OF FATHER

J. P. Dawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va

12. MAIDEN NAME OF MOTHER

Marah Ann Edwards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pike Co. Mo

14. INFORMANT

(Address)

Mrs. J. P. Dawson
Louisiana Mo

15. FILED

9/27/30

J. P. Dawson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-26 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1930

that I last saw him alive on 9-26, 1930, and that

death occurred, on the date stated above, at 1140 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

(duration) _____ yrs. 2 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis + nephritis

(duration) _____ yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRAINTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Robert L. Anderson, M. D.

9/27/30 (Address) Louisiana 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

Riverside Louisiana Mo

9/28/30

20. UNDERTAKER

ADDRESS

J. P. Dawson Louisiana

