

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.

MAR 27 1931

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

Do not use this space.

4413

1. PLACE OF DEATH

113 County Worth
2 Township Witchhall
City Wright City (No. _____)

Registration District No. 903Primary Registration District No. 14545

File No. _____

Registered No. 4

St. _____ Ward _____

2. FULL NAME

(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 60 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

W

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

Widowed

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

J. R. Dawson

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

July 22, 1847

7. AGE

YEARS

MONTHS

DAYS

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

8364

8. OCCUPATION OF DECEASED

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

Lined with daughter

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

County Co., Mo.

PARENTS

10. NAME OF FATHER

Kenny Gandy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wright City, Mo.

12. MAIDEN NAME OF MOTHER

Nancy A. Peery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wright City, Mo.

14.

INFORMANT (Address)

W. E. Hotaling, Grant City

15.

FILED

1/27/31 John Andrews

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 26, 1931

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931 to Jan 26, 1931, that I last saw him alive on Jan 26, 1931, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Solar Inevitable

11A (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

1-27-1931 (Address)

*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

Grant City Cemetery1/28/1931

20. UNDERTAKER

ADDRESS

Arch C. DumbleGrant City

