

MAR 26 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6475

1. PLACE OF DEATH

County Madison
 Township Jefferson
 City Clyde (No.)

Registration District No. 620
 Primary Registration District No. 7371

File No.
 Registered No.
 St. Ward

2. FULL NAME

Mr. John Louis Dawson
 (a) Residence, No. Clyde, Mo. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 12 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 Margaret Carroll

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
67 7 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Banker
 (b) General nature of industry, business, or establishment in which employed (or employer) banking
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Denver, Mo.
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Christopher R. Dawson

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

12. MAIDEN NAME OF MOTHER Bernice J. Squire

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

14. INFORMANT Mrs. J. L. Dawson
 (Address) Clyde, Mo.

15. FILED 3/5, 1931 March 9-31 C. P. Freyer REGISTRAR
M.C.

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1931

17. I HEREBY CERTIFY, That I attended deceased from St. Louis
 1930, to Feb 24, 1931
 that I last saw him alive on Feb 24, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Examination, showed
116 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) hemorrhage
catarrh (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 87B
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? 1(Signed) Dr. Harding M. D.. 19 (Address) Conception, 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

Conception 2-26 1931
 20. UNDERTAKER Conception
Dr. Proctor ADDRESS Mo.

