

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.

22551

1. PLACE OF DEATH

93

County St. Clair

Registration District No. 766

Township Reese

Primary Registration District No. 211

City \_\_\_\_\_ (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME

Elena Margareh Dawson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>W</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles R. Dawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13-1910</u>		
7. AGE <u>21</u> YEARS	MONTHS <u>5</u>	DAYS <u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Copling Mills  
(STATE OR COUNTRY) MO

13. NAME John W. Carter

14. BIRTHPLACE (CITY OR TOWN) Copling Mills  
(STATE OR COUNTRY) MO

15. MAIDEN NAME Mabel Melton

16. BIRTHPLACE (CITY OR TOWN) Lobette Co  
(STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) John W. Carter

18. BURIAL, CREMATION, OR REMOVAL  
PLACE River View DATE 6/31 1931

19. UNDERTAKER (ADDRESS) F. B. Goodrich Inc

20. FILED 6/22 1931 J. I. Green Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20<sup>th</sup> 1931

22. I HEREBY CERTIFY That I attended deceased from 6-18 1931 to 6-20 1931

I last saw her alive on 6-20 1931 Death is said to have occurred on the date stated above, at 4:45 pm.

The principal cause of death and related causes of importance were as follows:

Uterine Septicemia Date of onset 6-14-31  
120  
36 145

Other contributory causes of importance: Habitual Miscarriage

Name of operation None Date of X

What test confirmed diagnosis? Miscarriage Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) J. W. Richardson M. D.  
(Address) 915 W. 11<sup>th</sup> St. Mo.

Flowers  
1-Flowers 2  
2-Flowers 1  
1-Flowers 1

0-Flowers 1

2-Flowers 1  
1-Flowers 1

1-Flowers 1  
1-Flowers 1  
1-Flowers 1  
1-Flowers 1