

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

Do not use this space.

25473

1. PLACE OF DEATH

County LACLEDE Registration District No. 449
Township _____ Primary Registration District No. 4267
City LEBANON (No. _____) St. _____ Ward _____

2. FULL NAME

AMANDA MAY 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. W. DAWSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) (STATE OR COUNTRY) Craig, Okla.

MOTHER FATHER 13. NAME Henry Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Amanda Farmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Termin

17. INFORMANT R. W. DAWSON
(ADDRESS) CAMBRENTON MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Okla DATE _____, 19__

19. UNDERTAKER PALMER
(ADDRESS) LEBANON

20. FILED July 23, 1931 J. M. Bellamy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1931
22. I HEREBY CERTIFY That I attended deceased from July 16, 1931, to July 23, 1931
I last saw her alive on July 23, 1931. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Ruptured appendix Date of onset July 12
General Peritonitis July 16
Other contributory causes of importance: 121#
121# 121# 129

Name of operation Appendectomy drainage Date of _____
What test confirmed diagnosis Phys. Exam Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. Palmer, M. D.
(Address) Lebanon Mo

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.

AUG 26 1931

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