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

Do not use this space.

37685

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township — Primary Registration District No. 1002 — Registered No. 4552
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Mr. Roy Dawson
(a) Residence. No. 1623 Belleview St., 3 Ward. Butler, Mo.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 24-1864

7. AGE: 67 YEARS, 5 MONTHS, 18 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Iowa

PARENTS
10. NAME OF FATHER: John Dawson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: Nellie Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.

14. INFORMANT: Roy Dawson
(Address) Winterset, Iowa

15. FILED 11/13 1931 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-12 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1931, to Nov. 12, 1931 that I last saw him alive on Nov. 11, 1931, and that death occurred, on the date stated above, at 1:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured appendix followed by generalized peritonitis
121
120 (duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY): 121 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical apparance.
(Signed) Jabez Jackson, M. D
By J. F. Farnsworth
, 19 (Address) Kansas City 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: Butler, Mo — DATE OF BURIAL: Nov. 16 1931

20. UNDERTAKER: Gibson & Son — ADDRESS: K.C. 1

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.