

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

Do not use this space.

41128

5117

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township J. East Primary Registration District No. \_\_\_\_\_  
City W. P. 22nd (No. 3105 Prospect) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3105 Prospect St., 14 Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</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>Sery Dawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1861</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>5</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Building Contractor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Contractor</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1931  
22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to Dec 27, 1931.  
I last saw him alive on Dec 27, 1931. Death is said to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

82B 82B

Date of onset  
Nov 2, 1931

Other contributory causes of importance:

Brachio pneumonia

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? No  
If so, specify \_\_\_\_\_  
(Signed) Kenneth G. Davis, M. D.  
(Address) 3301 Woodland Kansas City, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Liza Dawson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Eliz. Pratt</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Sery Dawson 3216 East 731st St.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>12-29-31</u>
	19. UNDERTAKER (ADDRESS) <u>Mrs. L. L. Foster 918 Brooklyn Ave.</u>
	20. FILED <u>12/28</u> 19 <u>31</u> <u>M. M. Crowe</u> Registrar.

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.

RECORD THIS IS A PERMANENT RECORD

3301 Woodland Li-0906

2805-E33

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We-9500