

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

Do not use this space.

4752

612

1. PLACE OF DEATH Veterans' Administration Hospital

County **Jackson**

Registration District No.

File No.

Township **Kan**

Primary Registration District No.

Registered No.

City **Kansas City, Mo.**

(No.)

Veterans Hospital

St.

Ward

2. FULL NAME DAWSON, Aaron Byron

C-1 215 211 VB

(a) Residence, No. **1002 E Division**
(Usual place of abode) **Springfield, Mo.**

St. **X**

Pvt. 4th Co. 1st Bn. 164 DB

Ward.

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mrs. Opal Dawson

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

Oct. 13, 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

37

4

0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Electrician ??

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)

Missouri

FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

**Hospital Records
Vet. Adm. Hospital, K.C.Mo.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Springfield, Mo. DATE 2-15-32

19. UNDERTAKER

(ADDRESS)

**Freeman Mortuary
Kansas City, Mo.
2/15 32 M. M. Brown**

20. FILED

2/15 32 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1932, to February 13, 1932

I last saw him alive on February 13, 1932. Death is said to have occurred on the date stated above, at 5:40 P.M.

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

Lympho-sarcoma with generalized Sarcomatosis

Date of onset

Unknown

Other contributory causes of importance:

Arrested bilateral apical T.B.

Unknown

Pleural effusion, bilateral

"

Chronic Congestion, bilateral of lungs

Name of operation **Laparotomy** Date of **2-12-32**

What test confirmed diagnosis? **Phys. Exam. & Autopsy** Was there an autopsy? **Yes**

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? (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

Unknown

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: **W. E. Chambers**

Signed **W. E. CHAMBERS**, M. D.

W. E. CHAMBERS, Med. Officer in Charge

Vets. Administration Hospital, K.C.Mo.

ONLY, 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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8-10
1-10

8-10
1-10

8-10
1-10

21

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 399

Township.....

Primary Registration District No. 1002City K. City

(No.)

File No.

Registered No. 612

St.

Ward)

2. FULL NAME Dawson, Aaron Byron

(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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)M5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

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)
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

9/15

19

32 M. M. Crowley

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2/13

19

32

22. I HEREBY CERTIFY, That I attended deceased from

to, 19

I last saw him alive on, 19

Death is said

to have occurred on the date stated above, at m.

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

lympho-sarcoma
with generalized
metastases

* Date of onset

* of Mediastinum.

Other contributory causes of importance:

Name of operation 470 Date of

What test confirmed diagnosis? Was there an autopsy?

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) M. D.

(Address)

5-4752