

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

Do not use this space.

5138

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 411  
 3- Township Joplin Mo. Primary Registration District No. 2002  
 3- City Joplin Mo. (N) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Lola Shortess Dawson

(a) Residence. No. 305 Pearl 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Dawson

7. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>8</u>	<u>3</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. No. wife  
 (b) General nature of industry, business, or establishment in which employed (or employer). " 295"  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Reunionville  
 (STATE OR COUNTRY) Ark. 2

10. NAME OF FATHER Jess Shortess

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mary Reeder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT (Address) Mrs. W. B. Deebwood  
Oliver Abbott

15. FILED 2/22 1932 A. Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1932 to Feb. 26 1932 that I last saw her alive on Feb. 26 1932 and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
994  
Cerebral Aneurysm

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Apoplexy  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 820 W.  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS?  
 Signed E. H. Pillsbury, M. D.  
27 1932 (Address) Joplin 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 Fairview Cem. DATE OF BHRIAL Feb. 29 1932

20. UNDERTAKER Frank Meyer ADDRESS Joplin Mo.

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.

28 28

