

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

Do not use this space.

12226

1. PLACE OF DEATH

39 County St. Louis Registration District No. 317
 Township Wilson Primary Registration District No. 5442
 City..... (No.) St. Ward.....

File No.
 Registered No.

2. FULL NAME

Malissa 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 Female 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 Jachair Dawson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19, 1846
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 85 6 29
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Delphis Ind 2
 (STATE OR COUNTRY)
 10. NAME OF FATHER Rueben Brackney
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) same 31
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Elizabeth Bulla
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) South Carolina 2
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Schaver
 (Address) Rattlefield
 15. FILED 4/19 1932 V.W. Shover
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1932
 17. I HEREBY CERTIFY, That I attended deceased from March 29, 1932, to April 18, 1932 that I last saw her alive on April 17, 1932, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
 (duration) 3 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF - (D)
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Original
 (Signed) E.M. LeCompte, M. D.
 , 19 (Address) Brookline Mass

*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 Manley Cemetery DATE OF BURIAL April 19 1932
 20. UNDERTAKER R.E. Thurman ADDRESS Republic 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 26 1932

