

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

Do not use this space.

19552

1. PLACE OF DEATH

County Holt
Township Forest City
City Forest City (No.)

Registration District No. 370
Primary Registration District No. 4216

File No.
Registered No. 4
St. Ward)

2. FULL NAME

(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 4 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 Philomenia Dawson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) same
(c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Patrick Dawson

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

12. MAIDEN NAME OF MOTHER Catharine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Catharine Dawson
(Address) Forest City Mo

15. FILED June 12 1933 F. E. Bullock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1933

17. I HEREBY CERTIFY, That I attended deceased from June 12 1933, 19... to June 11, 19... that I last saw him alive on June 15, 19... and that death occurred, on the date stated above, at 11:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic Endocarditis
chronic Emphysema
since childhood (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) F. E. Bullock, M. D.

June 12 1933 (Address)

*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 Mount Olivet Cem DATE OF BURIAL June 13 1933

20. UNDERTAKER St Joseph ADDRESS Forest City Mo
Leater Pettigrove

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.

FILED JUN 22 1933

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