

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

Do not use this space.

26566

3311

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township Kan Primary Registration District No. _____

City San Pitt (No. General Hoop)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Dawson William 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. About 67

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

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) unknown

13. NAME unknown

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Beugman, Donald H. M.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn, DATE Aug 19

19. UNDERTAKER (ADDRESS) H. C. Beugman

20. FILED 8-19-23 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19/23, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:
Fracture of the femur Date of onset _____

Bunch pneumonia

Other contributory causes of importance: ho 1862 14

Name of operation _____ 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 _____

Where did injury occur? falling from stairs
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall with fracture
Nature of injury of femur

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. H. Hatch M. D.
(Address) 1020 REP-COR

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.

SEP 26 1930

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

