

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.

OCT 20 1933

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

Do not use this space.

30544

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 10 mos. 28 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1932

7. AGE

YEARS

MONTHS

DAYS

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

10

28

OCCUPATION

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

none

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St James
Mo

MOTHER FATHER

13. NAME

Robert H Dawson

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lake Springs
Mo

15. MAIDEN NAME

Alice Sellers

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Jackson Co.
Mo17. INFORMANT
(ADDRESS)Robert H Dawson
St James Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lake Springs DATE 9-28-1933

19. UNDERTAKER
(ADDRESS)W E Huchlider
St James Mo

20. FILED

9-28-1933

Henry F. Walters
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 15-1933 to Sept. 28-1933

I last saw him alive on Sept. 28-1933. Death is said

to have occurred on the date stated above, at 8:00 a.m.

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

Acute Enteritis

Date of onset

9/15/33

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

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? (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? No

If so, specify

(Signed) William H. Bauer, M. D.

(Address) St James, Mo

