

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.

JAN 3 1934

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

Do not use this space.

36636

1. PLACE OF DEATH

County Jackson
Township Kansas City
City Kansas City (No. Menar)

Registration District No. 399
Primary Registration District No. 1062

File No. 4559
Registered No. 4559
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward. _____

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)

Married

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

Mrs. Wella Dawson

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

38

OCCUPATION

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

Dealer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Implement

10. Date deceased last worked at
this occupation (month and
year)

1328

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ray Co. Mo.

FATHER

13. NAME

Wallace E. Dawson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

15. MAIDEN NAME

Mariah Zimmerman16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ray Co. Mo.

MOTHER

17. INFORMANT
(ADDRESS)Mrs. Wella Dawson

18. BURIAL—CREMATION, OR REMOVAL

PLACE

Richmond

DATE

11-23-3319. UNDERTAKER
(ADDRESS)Rev. 21 33 M. M. Brown

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 21 1933

22. I HEREBY CERTIFY. That I attended deceased from

Nov 1 1933 to Nov 21 1933I last saw him alive on Nov 21, 1933 Death is saidto have occurred on the date stated above, at 12:04 m.

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

Date of onset

Chr. glomerulo-nephritis - uremia2nd anemiachronic arthritis

Other contributory causes of importance:

2nd anemiachronic arthritis

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

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?

If so, specify

(Signed)

(Address)

Dr. Clarence, M. D.
Med. Prof. Beck

