

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.

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

Do not use this space.

40846

1. PLACE OF DEATH

12 County New Madrid
Township " "
City New Madrid (No.)

Registration District No. 604
Primary Registration District No. 5802

File No. 425
Registered No.
St. Ward)

2. FULL NAME

Miss Ella Hunter Dawson

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854 Aug 7

7. AGE YEARS 79 MONTHS 4 DAYS 7 If LESS than 1 day, ... hrs. or min.

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

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) New Madrid Mo (STATE OR COUNTRY)

13. NAME Mr Hunter

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

15. MAIDEN NAME Amanda Watson

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

17. INFORMANT Wm Dawson (ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL

PLACE Evergreen DATE Dec 16 1933

19. UNDERTAKER Richards and Co (ADDRESS) Richards and Co

20. FILED 12/22/33 19.33 W. N. O'Bannon U.S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 1929, 19. to Dec 14, 1933

I last saw him alive on Dec 14, 1933. Death is said

to have occurred on the date stated above, at 11:20 m.

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

Chronic Intestinal Obstruction Date of onset

1928

57A

Other contributory causes of importance:

Arteriosclerosis

31

Name of operation

What test confirmed diagnosis? Autopsy 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, 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? No

If so, specify

(Signed) W. N. O'Bannon M. D.

(Address) New Madrid Mo

