

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.

41010

1. PLACE OF DEATH

County Wicks Registration District No. 687
Township Waverly Primary Registration District No. 5915
City Waverly (No. St. Ward)

2. FULL NAME Mrs. Flora Dawson

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5th 1870

7. AGE YEARS 63 MONTHS 2 DAYS 15 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) Troy - Ohio (STATE OR COUNTRY) Ohio

13. NAME John S. Batson

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

15. MAIDEN NAME Catharine

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

17. INFORMANT Mildred Dawson (ADDRESS) Eolia - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eolia Cemetery DATE Dec. 25th 1933

19. UNDERTAKER Joseph Hardware Co (ADDRESS) Eolia - Mo.

20. FILED Dec. 20, 1933 B. M. Beach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 20, 1933

I last saw him alive on Dec 17, 1933 Death is said

to have occurred on the date stated above, at 9 a. m.

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

Endocarditis Date of onset

92B

92B

92B

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 , 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 No

(Signed) Thos. Beall, M. D.

(Address) Eolia Mo.

