

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.

41011

PLACE OF DEATH

County Pike
 Township Prairieville
 City (No.)

Registration District No. 687
 Primary Registration District No. 5915

File No.
 Registered No. St. Ward

2. FULL NAME

Harry R. 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 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) Apr. 9th 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
64 8 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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) Pike Co., Mo. (STATE OR COUNTRY)

13. NAME John R. Dawson

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

15. MAIDEN NAME Bettie Smith

16. BIRTHPLACE (CITY OR TOWN) Pike Co., Mo. (STATE OR COUNTRY)

17. INFORMANT Maggie Dawson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Eolia Cemetery DATE Dec. 24th 1933

19. UNDERTAKER Moach Hardware Co (ADDRESS) Eolia, Mo.

20. FILED Dec 23rd 1933 B. M. Moach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 - 1933

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

I last saw him alive on Dec 21 1933. Death is said

to have occurred on the date stated above, at 4 a.m.

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

Endocarditis Date of onset

923 920

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? No

If so, specify

(Signed) , M. D.

(Address) Eolia, Mo.

