

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

Do not use this space.

1. PLACE OF DEATH

33 County Dent
Township Current
City _____ (No. _____)

Registration District No. 1035
Primary Registration District No. 5371

File No. 4447
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Mrs Earnest L 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Earnest L Dawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11 1913</u>		
7. AGE <u>20</u>	YEARS <u>10</u>	MONTHS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Dent Co
(STATE OR COUNTRY) Mo

FATHER
13. NAME James W Holland
14. BIRTHPLACE (CITY OR TOWN) ---Dent Co Mo
(STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Theba C Cole
16. BIRTHPLACE (CITY OR TOWN) Dent Co
(STATE OR COUNTRY) Mo

17. INFORMANT Earnest L Dawson
(ADDRESS) my private home

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mont wk Cem DATE 2/16/34 19

19. UNDERTAKER Carl V Stronger
(ADDRESS) Salem, Mo

20. FILED 3/20 1934 J. A. Kinsack
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934, to Feb 14 1934
I last saw him alive on Feb 12 1934 Death is said to have occurred on the date stated above, at 10:30 A M.

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

Submucous T.B.
2315
170105
2315
123
Other contributory causes of importance:
2x enlargement of Lungs
& inflammation of
kidneys.

23. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) L. A. Kinsack, M. D.
(Address) Licking Mo

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.

