

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County RAMDOLPH
Township.....
City MOBERLY (No.)

Registration District No. 785
Primary Registration District No. 3034

File No. 6151
Registered No. 20
St. Ward)

2. FULL NAME

(a) Residence, No. 407 MORLEY 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 6 11

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) (STATE OR COUNTRY) MOBERLY MO

13. NAME LESSLY FOWLER

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

15. MAIDEN NAME ALDA CREED

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

17. INFORMANT CASKIE DAWSON (ADDRESS) MOBERLY - MO

18. BURIAL, CREMATION, OR REMOVAL PLACE DAKLAND CEM 2/12 1934

19. UNDERTAKER SNOW-LEAVERTON (ADDRESS) MOBERLY - MO

20. FILED 2/12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1934 to Feb. 10 1934
I last saw him alive on Feb. 10 1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:
Acute Nephritis
Enuritic Poisoning

Other contributory causes of importance:
130
130

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 19.....
Where did injury occur? (Specify city or town, county, and State)

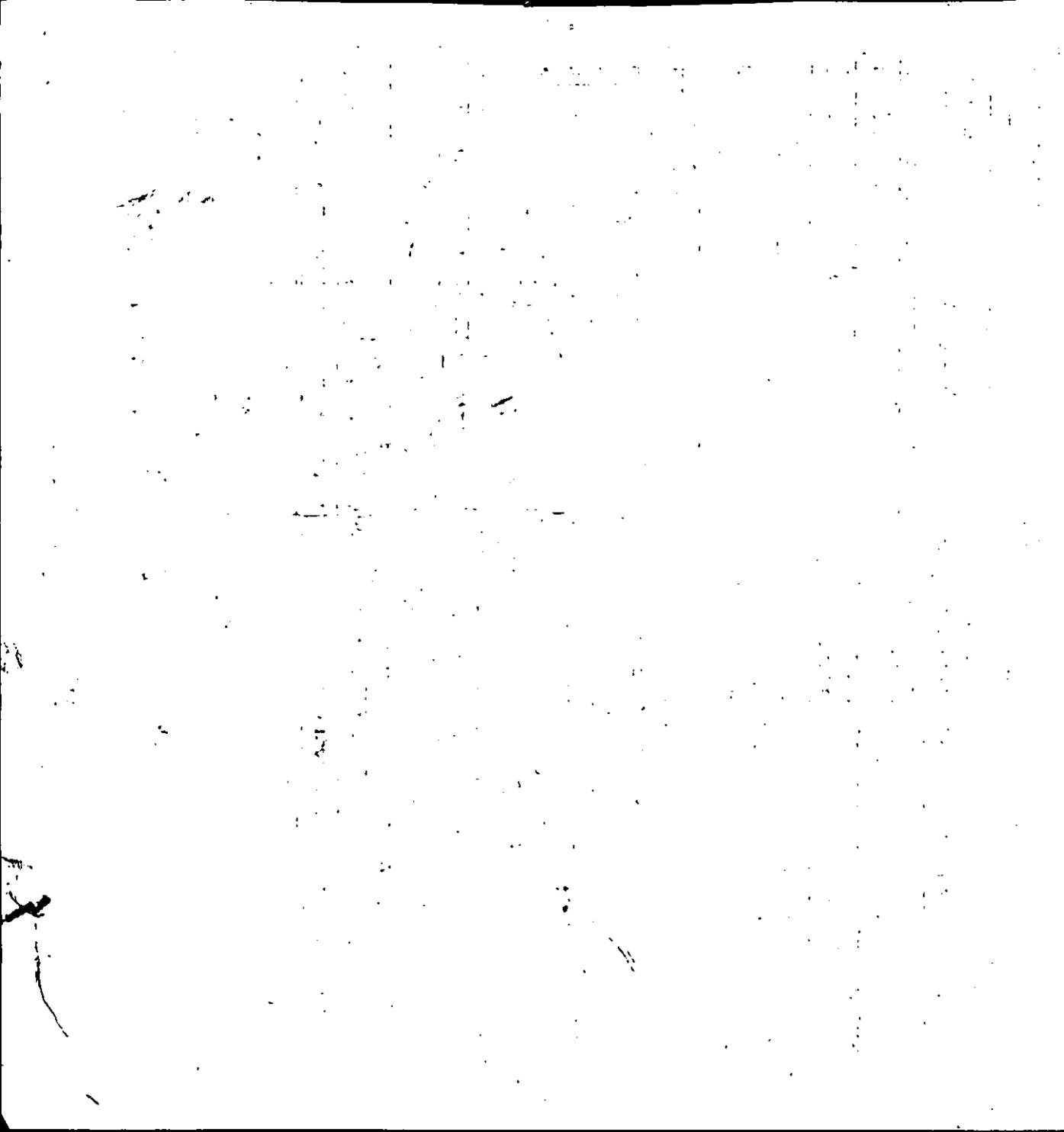
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Mo. K. Husley (Signed) M. D.

(Address) MOBERLY MO.



Raindolp

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS 61571

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

20

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Oreta Dawson

Died at _____ on Feb-10-1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 23 Months 6 Days 11

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Where deceased last worked at this occupation: Month _____ Year _____

Place of birth (State or country) _____

Place of father (State or country) _____

Place of mother (State or country) _____

Principal cause of death: Acute nephritis, possible poisoning
Cause unknown

Other contributory causes of importance _____

Name of operation _____ Date of _____

Was test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar) Virginia Walker Date filed 10/4/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 735-
Primary Reg. Dist. No. 3034

E. T. McGaugh M.D.
Special Agent. *K.*

Dr. Lecurley

S-6151