

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

Do not use this space.

1. PLACE OF DEATH

County Camden
Township Russell
City (No. _____) _____ St. _____ Ward _____

Registration District No. 120
Primary Registration District No. 5172

File No. 8106
Registered No. 3

2. FULL NAME Lucinda 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Smile Dawson (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2nd 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
93 5 2

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

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) 1933 11. Total time (years, months, days) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Branch (STATE OR COUNTRY) MO

MOTHER 13. NAME Robert Stewart

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

15. MAIDEN NAME Mollie Ann Sedridge

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

17. INFORMANT B. M. Dawson (ADDRESS) Branch, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Chapel DATE 3-6- 1934

19. UNDERTAKER R. C. Williams (acting) (ADDRESS) Urbana MO

20. FILED 3-6- 1934 D. J. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from Branch, 1932, to Mar 4th 1934

I last saw her alive on Feb 26th 1934 Death is said

to have occurred on the date stated above, at 10:20 A. m.

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

Senility Date of onset 1932

Other contributory causes of importance: 142

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 _____

(Signed) B. J. Myers, M. D.

(Address) Branch 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.

