

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

Do not use this space.

MAY 25 1934

12674

1. PLACE OF DEATH

County Holt
Township Levier
City _____ (No. _____)

Registration District No. 373
Primary Registration District No. 5520

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Charles C. Dawson St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 16 - 1873</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>1</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>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>same</u>
	10. Date deceased last worked at this occupation (month and year) <u>Feb 1 - 1933</u>
	11. Total time (years) spent in this occupation <u>40</u>

12. BIRTHPLACE (CITY OR TOWN) Holt Co. Mo.
(STATE OR COUNTRY)

13. NAME Edward Dawson

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

15. MAIDEN NAME Caroline Dawson

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

17. INFORMANT Mrs W. E. Spackelmyer
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest City DATE Apr 19 1934

19. UNDERTAKER John D. Dwyer
(ADDRESS)

20. FILED 4-18- 1934 W. E. Spackelmyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1934

22. I HEREBY CERTIFY, That I attended deceased from March 25 1933 to Apr 16 1934

I last saw him alive on April 16 1934 Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Chronic Paracystometous nephritis Date of onset 1930

191 1/2

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 7-20

What test confirmed diagnosis Cholecystectomy 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) W. E. Spackelmyer, M. D.

(Address) Oregon Mo

