

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

Do not use this space.

NOV 14 1934

35387

1. PLACE OF DEATH

County Callaway
Township Antwacker
City (No.)

Registration District No. 105-
Primary Registration District No. 5767-

File No.
Registered No. St. Ward

2. FULL NAME

Benjamin J. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Mary Ann Dawson

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 one 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Callaway Co., Fulton, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm H Dawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Ann Heering

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY)

14. INFORMANT J Roy Dawson
(Address) Fulton, Mo.

15. FILED 10-10, 1934 W J Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9- 1934 19

17. I HEREBY CERTIFY, That I attended deceased from no medical attendance, 19, and that I last saw him alive on, 19, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

on examination & investigation
first cause of death of old age heart
failure cause natural no formal play
instantly death

CONTRIBUTORY General old and Backache
(SECONDARY) 8221 instantly natural

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

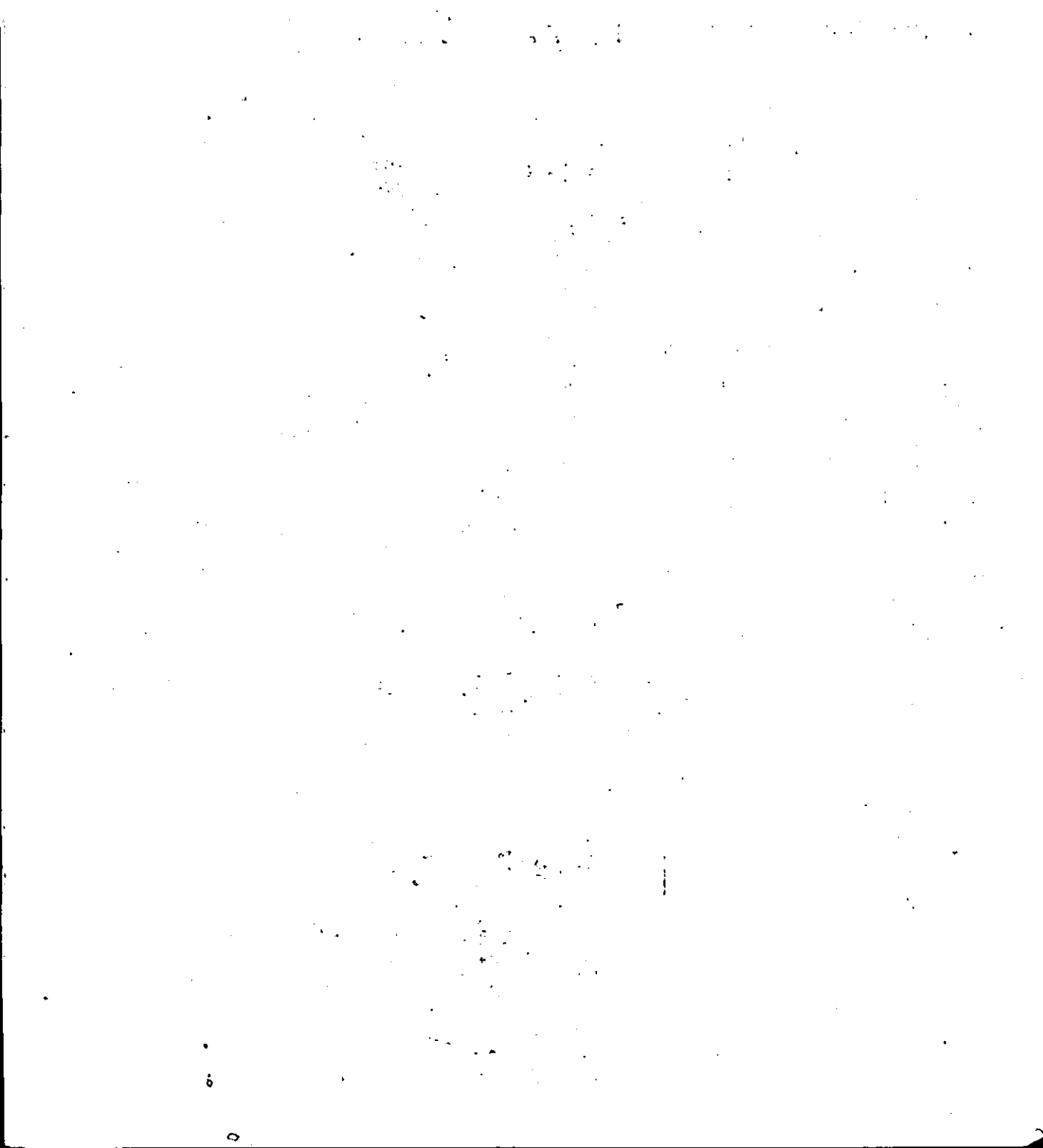
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F W. Cherkson, M. D.
, 19 (Address) Brookville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richland Christian Cem DATE OF BURIAL 10-12-1934
20. UNDERTAKER Leo J Wallace ADDRESS Fulton



**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

File No......

Registered No. 29

91

Wardly

(If nonresident, give city or town and State)

YFN.

1108

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How long in U. S., if of foreign birth?

END

● 4000

12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct-9-* 19 *36*

22. I HEREBY CERTIFY, That I attended deceased from

8-22-1067

I last saw h..... alive on..... 19..... Death is said

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

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

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

	Date of onset
--	---------------

11. Total time (years)
spent in this
occupation.....

Other contributory causes of importance:

DATE _____

19

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 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)..... M. D.

(Address).....

20. FILED

19

Registrar

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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