

NOV 22 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38158

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170Township WestPrimary Registration District No. 624804City Richmond HeightsSt. Mary Hospital

File No. _____

Registered No. 179

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1296 Lynnhaven St. Ward Maplewood
(Usual place of abode)Length of residence in city or town where death occurred — yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Oct 17 - 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

14

OCCUPATION

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

Infant

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)

St. Mary Hospital Richmond Heights Mo

FATHER

13. NAME

James L. Dawson

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

St. Louis Missouri

MOTHER

15. MAIDEN NAME

Virginia Lyle

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

Nelemo Kansas

17. INFORMANT (ADDRESS)

Elmer M. Dawson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crematory DATE Nov 2 1934

19. UNDERTAKER (ADDRESS)

Parker & Co. 2516 S. 1st St. St. Louis

20. FILED

Nov 2 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

10-31-1934

22. I HEREBY CERTIFY, That I attended deceased from

10-17-1934 to 10-31-1934I last saw him alive on 10-30-1934 Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Date of onset

atelectasis (Congenital) 10-17-3416/aOther contributory causes of importance: enlarged thymus 10-17-34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 30

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? 30

If so, specify _____

(Signed) H. P. Barclay, M. D.(Address) 2516 S. 1st St.Maplewood 30

