

JAN 22 1935

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

Do not use this space.

41962

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia

(No Boone County Hospital)

File No. _____

Registered No. 296

St. _____ Ward _____

2. FULL NAME

Gerald D. Dawson

(a) Residence, No. Centralia, Mo. 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 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) July 3rd 1905

7. AGE YEARS 29 MONTHS 5 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as steam mill, saw mill, bank, etc. Boone Bank

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia, Mo.

13. NAME Smith O Dawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo.

15. MAIDEN NAME Ruby Thomas

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

17. INFORMANT (ADDRESS) Centralia

18. BURIAL, CREMATION, OR REMOVAL Centralia, Mo. Dec 16 1934

19. UNDERTAKER (ADDRESS) Centralia

20. FILED 12/14/1934 Allie Selby Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1934, to Dec 14, 1934

I last saw him alive on Dec 13, 1934. Death is said to have occurred on the date stated above, at 230 a.m.

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

Malignancy of liver. Type I well fed supplied 6 mos if desired as seen as histological sections are available

Other contributory causes of importance: none known

Name of operation Appendectomy Date of May 1934

What test confirmed diagnosis? Section Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) O. H. Mayer, M. D.

(Address) Centralia, Mo.

