

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

MAR 1 1935

2682

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 775

File No.

Township PerryPrimary Registration District No. 6020Registered No. 12City Bonneton

St. Ward)

2. FULL NAME

Alice 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

1. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Dawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1860</u>		
7. AGE <u>74</u>	YEARS <u>1</u>	MONTHS <u>13</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>None</u>
	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) <u>Wilmington Delaware</u>
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MOTHER	13. NAME <u>James Chadwick</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS) <u>W. P. Dawson</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>B. & Cemetery</u> DATE <u>2/6</u> 19 <u>35</u>
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19. UNDERTAKER (ADDRESS) <u>Beckham and Co</u> <u>Bonneton</u>
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20. FILED <u>Feb 5</u> 19 <u>35</u> <u>N. W. Nowlin</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19...., to , 19....

I last saw him alive on , 19.... Death is said

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

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

Died suddenly
Probably
Chronic myocarditis

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) R. L. Emmons, M. D.(Address) Bonneton Mo

