MAY 25 1935

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

Do not use this space.

12023

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 453

City St. Joseph, (No. St. Joseph, s Hospital St. Ward)

2. FULL NAME John Martin Dawes

(a) Residence, No. 2515 Mitchell Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1. 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	7	16	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smith Bro, s Mfg Co

10. Date deceased last worked at this occupation (month and year) April. 11. 1935.

11. Total time (years) spent in this occupation 3. Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Missouri.

FATHER

13. NAME John J Dawes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester, Virginia

MOTHER

15. MAIDEN NAME Catherine Ginn.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester, Virginia

17. INFORMANT (ADDRESS) Burton Dawes Chanute, Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater, Mo. DATE April. 20, 1935

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Street. St. Joseph, MO.

20. FILED APR 18 1935 19 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April. 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935, to April 17, 1935

I last saw him alive on April 17, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Glioma of brain — Date of onset 2/1/35

Other contributory causes of importance: 53

Name of operation None Date of

What test confirmed diagnosis? Spinal puncture 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) Matthew H. Tally, M. D.

(Address) Corby Bldg. St. Joseph Mo

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD