

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.

MAY 13 1935

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. City Hospital 2)

File No. 14718
Registered No. 3555
St. Ward)

2. FULL NAME

(a) Residence, No. 2106 1/2 - Dawson Ward. 21
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Premier Dawson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7th 1896		
7. AGE YEARS 38	MONTHS 8	DAYS 19
If LESS than 1 day, ... hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) Georgia		
13. NAME Larby Happer		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.		
15. MAIDEN NAME Clara Dawson		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.		
17. INFORMANT (ADDRESS) July Brebeck 2945 - Lawton		
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 4-20-35		
19. UNDERTAKER (ADDRESS) Woods 2723 Hickman		
20. FILED APR 20 1935 J. L. Brebeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-6-35 to 4-16-35. I last saw him alive on 4-16-35. Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis 4-6-35

Other contributory causes of importance:
93C

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical. 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?.....
If so, specify.....
(Signed) Russell Smith, M. D.
(Address) 2945 - Lawton

