

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

Do not use this space.

JUN 18 1935

15614

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township \_\_\_\_\_

Primary Registration District No. 1001

City St. Joseph, Mo. (No. \_\_\_\_\_)

1610 No 3rd

File No. \_\_\_\_\_

Registered No. 501

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ida Rena Dawson

(a) Residence, No. 1610 No. 3rd 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam'l T. Dawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4, 1850</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>7</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eaton Ohio</u>
	13. NAME <u>Bailey Stephens</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eaton Ohio</u>
	15. MAIDEN NAME <u>Eliza Backe</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eaton Ohio</u>

17. INFORMANT Mrs. C. H. Otto  
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ringsville, Mo. DATE 5/5/35

19. UNDERTAKER FLEEMAN MORTUARY, INC.  
(ADDRESS) St. Joseph, Mo.

20. FILED 5-5 19 35 John R. Bender  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1935

22. I HEREBY CERTIFY That I attended deceased from April 24, 1935, to May 4, 1935  
I last saw him alive on May 3rd, 1935. Death is said to have occurred on the date stated above, at 1:05 p.m.

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

Cerebral apoplexy Date of onset 5/10/35

Other contributory causes of importance:

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? no  
If so, specify \_\_\_\_\_  
(Signed) Lesar Beck, M. D.  
(Address) 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.

