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

Do not use this space.

22219

1. PLACE OF DEATH
County *Buchanan*
Registration District No. **85**
Township *St Joseph*
Primary Registration District No. *1001*
City *St Joseph* (No. *St Joseph Hosp*)

File No. ....
Registered No. **77b**
St. ....Ward.

2. FULL NAME *Edmond Dawson*

(a) Residence, No. *623 So 8* St., ...Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred *40* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 23 1866*

7. AGE YEARS *69* MONTHS *1* DAYS *27* If LESS than 1 day, ...hrs. or ....min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Cook*

10. Date deceased last worked at this occupation (month and year) *Mch 1935*
11. Total time (years) spent in this occupation *3 m*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wyoming Ills*

13. NAME *Jacob Dawson*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Isabell Eby*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT (ADDRESS) *Byron Dawson* *Maitland MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *7-22-35*

19. UNDERTAKER (ADDRESS) *Barry-Wylie* *208 So 8th*

20. FILED *7-22-35* *John R Binder* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 20, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 14, 1935* to *July 20, 1935*
I last saw him alive on *July 20, 1935* Death is said to have occurred on the date stated above, at *11* P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis Chr

Other contributory causes of importance:
Hypertension

Name of operation *none* 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) *Benson* , M. D.
(Address) *St Joseph Mo*