

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.

NOV 18 1935

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. St. Joseph's Hospital)

File No.

31935

Registered No. 1081

St. _____ Ward _____

2. FULL NAME

Frances Dawson(a) Residence, No. 1515 South 10 Street

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John T Dawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 24, 1868.</u>		
7. AGE <u>67</u>	YEARS <u>3</u>	MONTHS <u>23</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>Household</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>Troy, Kansas.</u>
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FATHER	13. NAME <u>Thomas Murray</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>

MOTHER	15. MAIDEN NAME <u>Mary Foley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>

17. INFORMANT (ADDRESS) <u>Margaret Murray 1515 South 10th Street</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo.</u> DATE <u>Oct. 21, 1935</u>

19. UNDERTAKER (ADDRESS) <u>H. O. Sidenfaden 1802 Union Street St. Joseph, Mo.</u>

20. FILED <u>10-20, 1935</u> <u>John R Bender</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October, 17th, 193522. I HEREBY CERTIFY That I attended deceased from
Aug. 5, 1935, to Oct. 17, 1935I last saw her alive on Oct. 17, 1935 Death is saidto have occurred on the date stated above, at 12 noon

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

Date of onset

Broncho pneumonia Oct 13Other contributory causes of importance
Prostatic hypertrophy 7-20
" Sept 10Name of operation none Date of _____What test confirmed diagnosis? Clen 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 July 18, 1935Where did injury occur? Home St. Joseph, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

HomeManner of injury Fell on floorNature of injury Fract. left femur, 3 frac. left24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Frank L. Dege M. D.(Address) Kirkwood BldgSt. Joseph, Mo.

