

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 20 1935

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

Do not use this space.

33688-4

1. PLACE OF DEATH

County Reynolds Registration District No. 731
Township East Primary Registration District No. 5979
City (No.) (No.) St. Ward)

File No.
Registered No. 14

2. FULL NAME

Howard H. Dawson
(a) Residence, No. Reynolds Ave R.F. 541 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 52 yrs. 6 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>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jake Dawson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18 1886</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>11</u>	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Louisville Indiana

13. NAME John Cummins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

15. MAIDEN NAME Harris Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

17. INFORMANT John Dawson
(ADDRESS) Reynolds Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Reynolds DATE Oct 12 1935

19. UNDERTAKER W. H. Ordaker
(ADDRESS) Anniston Mo

20. FILED Nov. 12 1935 A. Bradsher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1934 to Dec 10 1935
I last saw her alive on Sept 17 1935. Death is said to have occurred on the date stated above, at 2:20 pm.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
93C
Other contributory causes of importance:
Chronic Schistosomiasis
Senility

Name of operation Date of
What test confirmed diagnosis Chronic Myocarditis

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 No
(Signed) W. H. Ordaker, M. D.
(Address) Anniston Mo

