

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.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No.

City St. Joseph(No. St. Joseph Hospt.)

File No.

Registered No. 1159

St. Ward)

2. FULL NAME Charles Dawson(a) Residence, No. 6404 Washington

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFNora E. Dawson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1868

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

6706

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner
sawyer, bookkeeper, etc.Crossing Flagman9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Burlington R. R.10. Date deceased last worked at
this occupation (month and
year) March 1935

11. Total time (years)

spent in this

occupation 11

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Belknap Dawson
Iowa

FATHER

13. NAME Francis Dawson

MOTHER

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Belknap
Iowa15. MAIDEN NAME Cornelia Shawey

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Indiana

17. INFORMANT

(ADDRESS)

Mrs. Nora E. Dawson
6404 Washington St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE L. O. C. F. Cem

DATE

Nov. 8, 1935

19. UNDERTAKER

(ADDRESS)

Clark Mortuary
5025 King Hill Ave.

20. FILED

11-7-35

19

John A. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov-1-1935 to Nov-6-1935I last saw him alive on Nov-5-1935 Death is saidto have occurred on the date stated above, at 5 a. m.

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

Carcinoma of common
bile duct.

Date of onset

Other contributory causes of importance:

Metastatic to liverName of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) J. L. Howden

M. D.

(Address) 414 N. 1st St. St. Joseph, Mo.

