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

DEC 17 1935

1 Do not use this space.

35505

File No.

Registered No.

1. PLACE OF DEATH

County Clay Registration District No. 198

Township Fishing-River (VAF Facility) Primary Registration District No. 3011

City Excelsior Springs, Mo. (No. , St. 3d Ward)

2. FULL NAME DAWSON, George

(a) Residence, No. VAF, Excelsior Springs, Mo. Ward. Farmington, Ia. Rt. #4
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	20	10	13	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alma, Kansas

FATHER

13. NAME James Dawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Kansas~~ Kansas

MOTHER

15. MAIDEN NAME Blanche Davis

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington, Ia. DATE 11-26 19 35

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Springs, Mo.

20. FILED 11-26-1935 Mrs Ra McCrayton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, 19..., to Nov. 25, 1935, 19...
I last saw h... im alive on Nov. 25, 1935, 19... Death is said to have occurred on the date stated above, at 7:50 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation None Date of --

What test confirmed diagnosis? Exam & Obs 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? --
If so, specify, --

(Signed) H. C. HARDEGREE, MD Clinical Director, Veterans Administration Facility
(Address) Excelsior Springs, Missouri

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.

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

M-3-25-35

H.C.HARDEGREE,MD Clinical Director
Veterans Administration Facili
Excelsior Springs, Missouri