

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.

MAR 17 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4975

1. PLACE OF DEATH

County CanellRegistration District No. 137Township HammPrimary Registration District No. 4977City Hale (No. 61)St. Mo. Ward 1

2. FULL NAME

Chas W. Dawson(a) Residence, No. 1St. Mo.Ward 1

(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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mrs Chas Dawson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

30628

OCCUPATION

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

Hamm's Trade

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)

Hale, Mo.

MOTHER FATHER

13. NAME

William Dawson

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

Ohio

15. MAIDEN NAME

Aluda R. Barnes

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

Ohio

17. INFORMANT (ADDRESS)

Mrs Chas Dawson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Common

DATE

Mar - 1 - 1936

19. UNDERTAKER (ADDRESS)

J E Slater

20. FILED

Mar 7, 1936 Mrs Ruth Barnes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Feb 29, 1936last saw him alive on Feb 28, 1936. Death is saidto have occurred on the date stated above, at 6:30 a.m.

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

ArteriosclerosisDate of onset about 1930

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) W H Smith, M. D.(Address) Hale, Mo.

