

MAR 26 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9040

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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 DIVORCED (write the word)

Married

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

Mildred A Brown

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

Sept 30 - 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

75

4

13

OCCUPATION

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

at Home

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)

Denver mo

FATHER

13. NAME

Christifer Dawson

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

Ky.

MOTHER

15. MAIDEN NAME

Jane Squires

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

Michigan

17. INFORMANT (ADDRESS)

Fred Dawson, Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Grant City, Mo.

DATE

2/16, 1936

19. UNDERTAKER (ADDRESS)

Arch C. Dumble, Grant City, Mo.

20. FILED

March 9, 1936 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1935, to Feb 13, 1936

I last saw him alive on Feb 13, 1936. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Heart failure

Date of onset

Other contributory causes of importance:

Gangrene foot

Name of operation

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? Yes

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? Yes

If so, specify

(Signed)

(Address)

M. D.

[illegible]

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