

APR 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Livingston
Township Challicothe
City ChallicotheRegistration District No. 548
Primary Registration District No. 3026File No. 11476
Registered No. 54
St. _____ Ward)

2. FULL NAME

~~James~~ Evelyn Joyce Dawson
(a) Residence, No. 211 S. 2nd St. City Livingston State Mo. Ward 2
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 19277. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 9 15OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.
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) Nuttaville, Mo.FATHER 13. NAME Russell Dawson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriMOTHER 15. MAIDEN NAME Evelyn Meriot16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Russell Dawson
Challicothe, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Nuttaville DATE 3-22-3619. UNDERTAKER (ADDRESS) D. C. Minner
Nuttaville, Mo.20. FILED March 20, 1936 Donald M. Dowell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 193622. I HEREBY CERTIFY, That I attended deceased from March 17, 1936, to March 20, 1936
I last saw her alive on 3-20-36. Death is said to have occurred on the date stated above, at 3:00 P.

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

lobes Pneumonia Date of onset 3-13-36
108

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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? No.

If so, specify _____

(Signed) Donald M. Dowell, M. D.(Address) Challicothe, Mo.

