

MAY 15 1936

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

Do not use this space. *α*

1. PLACE OF DEATH

County ADAIR Registration District No. 4
Township BENTON Primary Registration District No. 3001
City KIRKSVILLE MO (No. _____ St. _____ Ward _____)

File No. 18413
Registered No. 94

2. FULL NAME FLORA BELL DAWSON(a) Residence, No. 1501 N Main 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 FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES DAWSON		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 25th 1901		
7. AGE	YEARS 34	MONTHS 9
	DAY 6	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABOR	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOUSE WIFE	
	10. Date deceased last worked at this occupation (month and year) 1936	11. Total time (years) spent in this occupation 15

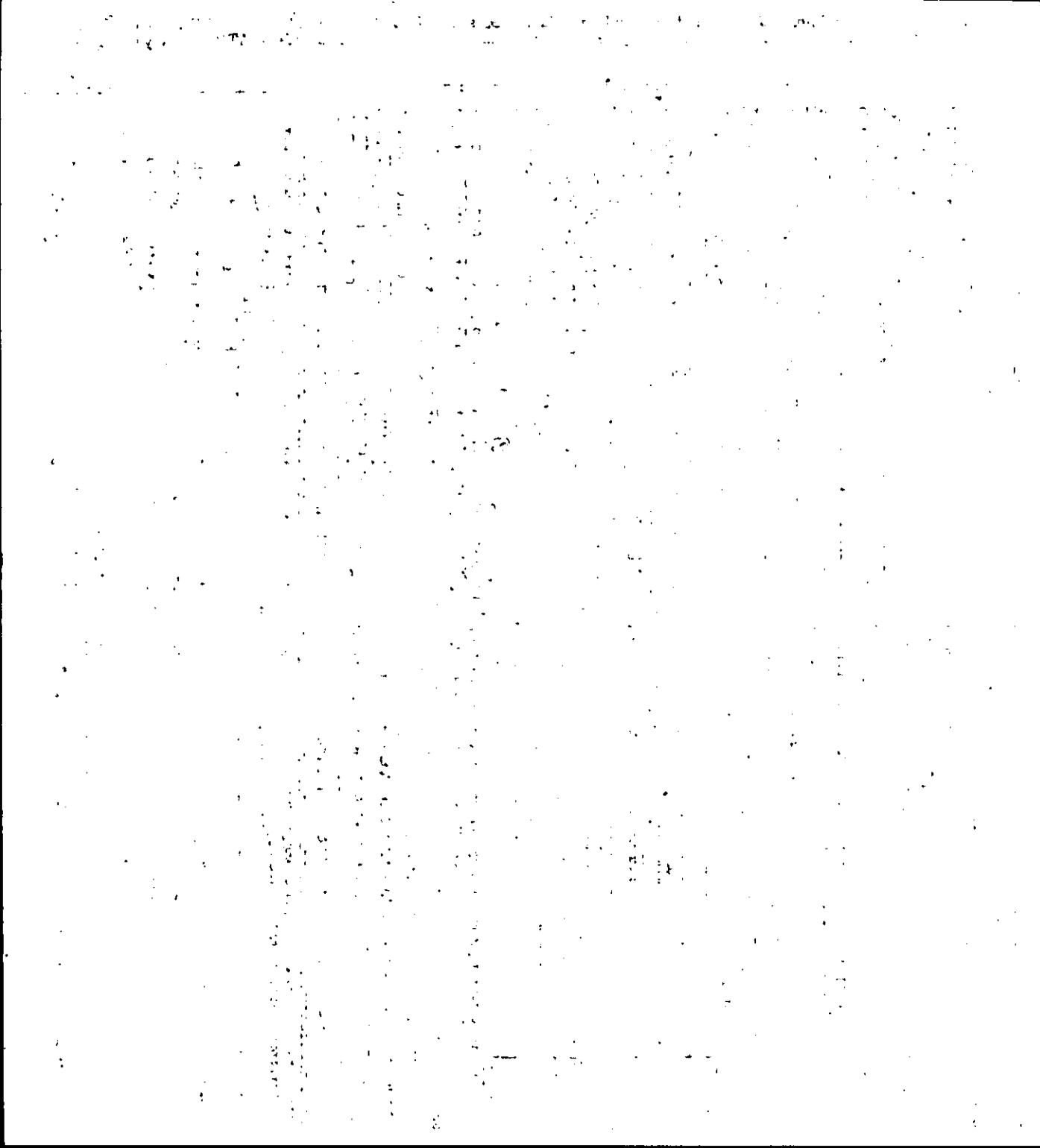
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KIRKSVILLE MO
	13. NAME JOHN LONG
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KNOX CO MO
	15. MAIDEN NAME STELLA DOVER
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR CO
	17. INFORMANT (ADDRESS) John R Longy KIRKSVILLE MO
	18. BURIAL, CREMATION, OR REMOVAL PLACE HIGHLAND PARK DATE May 3 1936
	19. UNDERTAKER (ADDRESS) Davis & Reardon KIRKSVILLE MO
	20. FILED May 7 1936 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1 1936**
22. HEREBY CERTIFY, That I attended deceased from **April 23 1936**, to **May 1 1936**
I last saw her alive on **May 1 1936**. Death is said to have occurred on the date stated above, at **1250 P.M.**
The principal cause of death and related causes of importance were as follows:

Anemia (Secondary) 18 of 18 standing
Date of onset _____
Other contributory causes of importance:
**abscessed teeth
Salpingitis**

Name of operation **none** Date of _____
What test confirmed diagnosis? **none** 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) **S. H. Webster M.D.** M. D.
(Address) **Jacksonville Mo.**



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1. PLACE OF DEATH

County Adair

Registration District No. 4

Township 1

Primary Registration District No. 3001

City Kirksville (No.)

File No.

Registered No. 94

St. Ward

2. FULL NAME

Laura Bell Rawson

(a) Residence, No. 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 J 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 9 6

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED July 31 36 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

He/she was alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

assessed teeth salpingitis (not purulent) specific germ of infection not known

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?

If so, specify

(Signed) E. H. Webster M. D.

(Address) Kirksville Mo

SUPPLEMENTAL

1936

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.

S-18413