

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Caldwell

Registration District No. 96

Township Hannerton

Primary Registration District No. 4058

City Hannerton (No. 19)

St. 19 Ward

2. FULL NAME

(a) Residence, No. Elizabeth Sheldon Dawson

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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Orin W. Dawson

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

Dec 6 1845

7. AGE

YEARS

90

MONTHS

5

DAYS

14

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

Housewife

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)

Athens Ontario

13. NAME

Samuel Sheldon

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

Athens Ontario

15. MAIDEN NAME

Sarah Wilson

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

Dublin Ireland

17. INFORMANT (ADDRESS)

Maud S. Dawson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland County

DATE May 22 1936

19. UNDERTAKER (ADDRESS)

G. P. Houghton
Hannerton Mo.

20. FILED

May 22 1936

Merle Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10 1936 to May 20 1936

I last saw him alive on May 20 1936 Death is said to have occurred on the date stated above, at 3:00 A. M.

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

Chronic Interstitial Nephritis
Fracture of R. hip
(Gouty arthritis)
May 10 1936

Name of operation

Date of 1936

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? No Date of injury May 10 1936

Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Free on hip

Nature of injury Fracture Surg. neck femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Daley, M. D.

(Address) Hannerton, Mo.

APR 12 1964