

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.

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

Do not use this space. ✓

JUL 25 1936

23957

1. PLACE OF DEATH

County Ray
Township Crookston
City Harden (No. _____)

Registration District No. 740
Primary Registration District No. 11114

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1933
7. AGE YEARS MONTHS 29 7 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc. Business
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) 50 yrs. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lorensburg, Ky.

13. NAME William Dawson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Sarah McGinnis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY

17. INFORMANT (ADDRESS) Octavia Dawson
Harden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lovelock Cemetery DATE June 8, 1936

19. UNDERTAKER (ADDRESS) W. B. Rogers
Harden, Mo.

20. FILED June 8, 1936 H. E. Willett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1935, to June 6, 1936

I last saw him alive on June 5, 1936. Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:

General Tuberculosis Date of onset yes

Other contributory causes of importance: no 25 yrs

Asthma
Bladder & Prostates included
in Tuberculosis. Arterio Sclerosis

Name of operation no 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) Marvin Dennis, M. D.
(Address) Harden, Mo.

