AUG 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25003

Township ..... Primary Registration District No. 1003 Registered No. 6671

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Margaret Dolson

(a) Residence, No. 1304 Hawthorne St., 17 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Wodowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15, 1873

7. AGE: YEARS 62 | MONTHS 11 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Waitress
10. Date deceased last worked at this occupation (month and year): Jan. 1936
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Michigan

FATHER

13. NAME: James Farrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Margaret Wheatley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): A. E. Miller M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 3, 1936

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U. Co 3840 Lindell Bl.

20. FILED ....., 19.... J F Bredeck Registrar.

JUL 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936, to June 30, 1936
I last saw her alive on June 30, 1936. Death is said to have occurred on the date stated above, at 2.25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	1936x

83

Other contributory causes of importance:

General ~~of the~~ Paralysis of the insane	1936x
Decubitus Ulcers	1936x

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? .....
If so, specify .....
(Signed) A. E. Miller, M. D.
(Address) City Sanitarium St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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