

MAR 25 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County MillerRegistration District No. 561Township SalinePrimary Registration District No. 5-755BCity EngleFile No. 7261Registered No. 7261St. Mo. Ward 1

## 2. FULL NAME

(a) Residence, No. Engle, Mo.

(Usual place of abode)

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

Male

## 4. COLOR OR RACE

White

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

Married

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

Belle Dawson

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

Sept. 24 - 1883

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

57410

OCCUPATION

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

R.R. Agent

## 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)

Henley Mo

MOTHER FATHER

## 13. NAME

Dwight Dawson

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

Henley Mo

## 15. MAIDEN NAME

Louise Brown

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

Mo

## 17. INFORMANT (ADDRESS)

Belle Dawson

## 18. BURIAL, CREATION, OR REMOVAL

PLACE

DATE

Engle7

## 19. UNDERTAKER (ADDRESS)

Engle Mo

## 20. FILED

2 - 7

19. 3. 7

Belle Dawson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb. 5 - 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

Jan - 31 - 1937, to Feb - 5 - 1937I last saw him alive on Feb - 5 - 1937. Death is saidto have occurred on the date stated above, at 7:50 A.M.

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

Lobar Pneumonia

Date of onset

1-31-37

## Other contributory causes of importance:

Saboties

## Name of operation

Clinical

Date of

## What test confirmed diagnosis?

ClinicalWas 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 NoWhere did injury occur? No

(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)

L. O. Nye

M. D.

(Address)

Engle, Missouri

