

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Nodaway*
Township *Hopkins*
City *Hopkins* (No.)

Registration District No. *624*
Primary Registration District No. *4375*

File No. *7461*
Registered No. *7* St. Ward)

2. FULL NAME

Ellis David Dawson

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *7* 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*) *divorced*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 16 - 1891*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 10 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *own business*

10. Date deceased last worked at this occupation (month and year) *Jan 29, 1937* 11. Total time (years) spent in this occupation *16 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Shelton, Mo.*

13. NAME *John Dawson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stark Co. Mo.*

15. MAIDEN NAME *Mary Long*

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

17. INFORMANT (ADDRESS) *Jessie Dawson Rockport, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Shelton, Mo* DATE *Feb. 8 1937*

19. UNDERTAKER (ADDRESS) *F. L. Wilson Bethel, Mo*

20. FILED *11* 1937 *J. H. Dayles Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 6 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 30 1937* to *2/6 1937*
I last saw him alive on *2/6 1937* at *7:30 p.m.* Death is said to have occurred on the date stated above, at *7:30 p.m.*

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

lobar pneumonia Date of onset *1/30/37*

Other contributory causes of importance: *108*

Name of operation *clinical* Date of *W*
What test confirmed diagnosis? *clinical* Was there an autopsy? *W*

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) *C. W. [Signature]*, M. D.
(Address) *Hopkins*

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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SECTION OF THE BUREAU OF

INTERNAL SECURITY, DEPARTMENT OF JUSTICE

MEMORANDUM

TO :

FROM :

SUBJECT :

RE :

DATE :

BY :

CLASSIFICATION :

EXEMPTION :

REASON :

APPROVED :

DATE :

BY :

RE :

DATE :

BY :

RE :

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