

APR 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11360

1. PLACE OF DEATH

County Caldwell
 Township Kingston
 City Kingston (No. _____)

Registration District No. 98
 Primary Registration District No. 4060

File No. _____
 Registered No. 5 St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 25 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Killetta Dawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25, 1846</u>		
7. AGE <u>90</u>	YEARS <u>6</u>	MONTHS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>
	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) <u>Ohio, Vincent County</u>

13. NAME <u>James Dawson</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond, Va.</u>
--

15. MAIDEN NAME <u>Margaret Claypole</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
--

17. INFORMANT (ADDRESS) <u>Mrs. Killetta Dawson</u> <u>Kingston, Mo.</u>
--

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kingston Cemetery</u> DATE <u>3-5-</u> 19 <u>37</u>

19. UNDERTAKER (ADDRESS) <u>Lumber & Clark</u> <u>Kingston, Mo.</u>

20. FILED <u>Mar-5</u> 19 <u>37</u> <u>Mrs. Ruth Hill</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 193722. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to March 3, 1937I last saw him alive on March 3, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

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

Bronchial Pneumonia

Date of onset
March
1st
1937

Other contributory causes of importance:

Chronic Valvular heart disease

Name of operation None 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? No

If so, specify _____
 (Signed) W. A. Shouse, M. D.
 (Address) Kingston, Mo.

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.

