

MAY 26 1937

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

Do not use this space.

16903

1. PLACE OF DEATH

County MaconRegistration District No. 527Township BeverPrimary Registration District No. 5703City Bever (No. 12)File No. 16903Registered No. 16903St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Harriet Belle Dawson St. Mo. Ward 1

(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF George Dawson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-18747. AGE YEARS 63 MONTHS 0 DAYS 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

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) Calcasieu (STATE OR COUNTRY) Mo.13. NAME Humphrey Pagett14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)15. MAIDEN NAME Martha Black16. BIRTHPLACE (CITY OR TOWN) Calcasieu (STATE OR COUNTRY)17. INFORMANT Mr. Ruth Fisher (ADDRESS) Bever18. BURIAL, CREMATION, OR REMOVAL PLACE West Calcasieu DATE 4-10-3719. UNDERTAKER W. Edwards (ADDRESS) Bever20. FILED April 24, 1937 Edwards Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-193722. I HEREBY CERTIFY That I attended deceased from May 30, 1936, to April 9, 1937I last saw him alive on June 25, 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.The principal cause of death and related causes of importance were as follows:
Chronic Nephritis

Date of onset

Other contributory causes of importance: 131Name of operation Cholecystectomy Date of noWhat test confirmed diagnosis Cholecystectomy Was 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 no, 19 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 noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) W. A. M. P., M. D.(Address) Calcasieu

