

JUN 16 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

19354

## 1. PLACE OF DEATH

County Bates  
 Township Mound  
 City Near Adrian (No. 9)

Registration District No. 47  
 Primary Registration District No. 5-071

File No. 14  
 Registered No. 14  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Emma Mae Dawson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George S. Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1861

7. AGE YEARS 76 MONTHS 0 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Winchester Illinois13. NAME George W. Ragland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Ill.15. MAIDEN NAME Armetta N. Leland16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Ill.17. INFORMANT G. W. Ragland, Pueblo, Colo. (ADDRESS) 917 E-3rd St18. BURIAL, CREMATION, OR REMOVAL PLACE Pueblo, Colo. DATE 5/29 193719. UNDERTAKER Leaseath & Sons (ADDRESS) Adrian Mo.20. FILED May 29, 1937 Ethel C Stephens Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 193722. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1937, to May 27, 1937

I last saw her alive on May 25, 1937 Death is said to have occurred on the date stated above, at 1:50 AM.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Chronic Myocarditis  
Chronic Asthma

Name of operation Bronchial Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 Charles H. Lutes, M. D. (Signed)Butler, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

