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.

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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH
County Franklin
Township
City Washington (No. ...., ...St. ....Ward)

Registration District No. 297
Primary Registration District No. 3016

File No. 19969
Registered No. 47

2. FULL NAME Elsie May Dawson
(a) Residence, No. 111 E. Sixth, Washington St., ...Ward. Macon Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ✓ yrs. 3 mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Kinsey Dawson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1884
7. AGE 53 YEARS 2 MONTHS 21 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) March 1st, 1937
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Bloomington, (STATE OR COUNTRY) Missouri

FATHER
13. NAME S. M. Hale
14. BIRTHPLACE (CITY OR TOWN) Atlanta (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lucy E. Belcher
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Dora Parr
(ADDRESS) Washington, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomington, Mo., DATE June 1st, 1937
19. UNDERTAKER Nieburg & Vitt, Inc.
(ADDRESS) Washington, Mo.
20. FILED May 30, 1937 N. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937
22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1937, to May 30 1937, 19...
I last saw her alive on May 30, 1937 Death is said to have occurred on the date stated above, at 6:35 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Chron. Interstitial Nephritis 9-1-36

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Other contributory causes of importance:
Chronic Myocarditis 3-8-37

Name of operation - - - Date of...
What test confirmed diagnosis? Laboratory 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) B. E. Mantkoff, M. D.
(Address) Washington, Mo.