

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

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

County RANDOLPH

Township

City MOBERLY

(No.)

Registration District No. 735

Primary Registration District No. 3234

File No.

21084

Registered No. 141

St.

Ward)

2. FULL NAME

JAMES HARVEY DAWSON

(a) Residence, No.

WOODLAND HOSPT.

St.

Ward.

Paris, Missouri

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

1/2

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

MAGGIE DAWSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

APR. 7, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

1

15

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

RETIRED FARMER

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)

1920

11. Total time (years) spent in this occupation. RETIRED

12. BIRTHPLACE (CITY OR TOWN)

MONROE CO., MO.

(STATE OR COUNTRY)

13. NAME

ED DAWSON

14. BIRTHPLACE (CITY OR TOWN)

KY.

(STATE OR COUNTRY)

15. MAIDEN NAME

N. K.

16. BIRTHPLACE (CITY OR TOWN)

N. K.

(STATE OR COUNTRY)

17. INFORMANT

CARL DAWSON

(ADDRESS)

JEFFERSON CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Paris, Missouri

DATE

MAY 24, 1937

19. UNDERTAKER

Speed & Blakey

(ADDRESS)

Paris, Missouri

20. FILED

MAY 22 1937

Ethel Blakey

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

MAY 22 1937

22. I HEREBY CERTIFY, That I attended deceased from

May 22

1937, to

May 22

1937

I last saw him alive on May 22 1937. Death is said

to have occurred on the date stated above, at 11:50 p.m.

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

Streptococcal sore throat
Colonial thrombosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

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)

(Address)

Wm. H. Hanning
Moberly Mo

M. D.

