NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Texas — Registration District No. 868 2 — File No. 39022
Township Sherrill — Primary Registration District No. 6149 — Registered No. 23
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mallie Marie 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 Final
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. E. Dawson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1919
7. AGE — YEARS 18 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Oct. 25/37
11. Total time (years) spent in this occupation 4 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montauk Mo

FATHER
13. NAME Jap Cole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montauk Mo

MOTHER
15. MAIDEN NAME Effie Holland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montauk Mo

17. INFORMANT (ADDRESS) E. E. Dawson Licking Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Montauk Cem DATE Oct. 27 1937
19. UNDERTAKER (ADDRESS) Smith Ferguson Licking
20. FILED 10/26 1937 Dr. H. L. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Oct 26, 1937
I last saw her alive on Oct 26, 1937 Death is said to have occurred on the date stated above, at 2 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Eclampsia	10/26/37

140

Other contributory causes of importance:
albuminuria

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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.....
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Leslie Randall, M. D.
(Address) Licking 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.