

JAN 10 1938

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

Do not use this space.

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10031

43355

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City..... (No. 719^A N. 22)..... St. (Ward)

File No. 11605
Registered No.

2. FULL NAME George Dawson

(a) Residence, No. 4125 Westminster St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
65 — —

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25

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) Granit Chain Ill

13. NAME David Dawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granit chain Ill

15. MAIDEN NAME Pakey Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granit chain Ill

17. INFORMANT (ADDRESS) Hattie Virginia 719^A N. 22 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oliver St. Ill. DATE 12-27-37

19. UNDERTAKER (ADDRESS) W. Richardson 2600 E. Jefferson

20. F. I. D. DEC 17 1937 J. L. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. -1, 1937, to Dec 15, 1937
I last saw him alive on Dec 15, 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Lobar Pneumonia Date of onset Dec. 1

Other contributory causes of importance: exposed to cold

Name of operation Date of
What test confirmed diagnosis? Chesell 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
(Signed) W. H. Hunsinger M. D.
(Address) 22 No. 2nd St.

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.

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WHITE PAPER WITH OUTLINE MARKING THIS IS A PERMANENT RECORD

Home on reverse side was Curled
by Ma

License No 2928

J. D. Richardson