

REC'D APR 21 1938

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

Do not use this space.

11612

28

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 2)

Registration District No. 6145816
Primary Registration District No. 1555

File No. 7
Registered No. 7
St. 250 Ward

2. FULL NAME

(a) Residence (No. 250)
(Usual place of abode) St. 250 Ward

(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 M 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 Lyla Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1876

7. AGE YEARS 61 MONTHS 1 DAYS 1 If LESS than 1 day, ...hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
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) 2
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Thomas Dawson

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

15. MAIDEN NAME Laura Brasen

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

17. INFORMANT Lyla Dawson (ADDRESS) St. Louis, Mo. R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Subson Cem DATE Aug 28 1938

19. UNDERTAKER J. A. Rogers & Son (ADDRESS) St. Louis, Mo

20. FILED AM L 1938 CR Roem

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to Aug 25 1937

I last saw him alive on June 25 1937 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

General Exhaustion as a result of Interstitial Nephritis of Chronic

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Physic 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?.....

If so, specify.....

(Signed) D. E. Cullors, M. D.

(Address) meschopmo

