

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.

DEC'D MAY 13 1938

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

15744

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois

Registration District No. 273

(b) Township St. Francois

Primary Registration District No. 60/8A

(c) City Farmington

(d) Street No. State Hospital No. 4

Registered No. 49

(e) Length of residence in city or town where death occurred

ys. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

ys. mos. ds.

2. PRINT FULL NAME Abigail Joan Dawson

9.50

(a) Residence, No. Salem, Mo.

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Oran G. Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5th, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

68

7

29

OCCUPATION

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

Housewife

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

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)

Prairie City
Iowa

13. NAME

Frederick Newton Kellogg

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

Trivoli
Illinois

15. MAIDEN NAME

Caroline Smith

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

Peoria County
Illinois

17. INFORMANT State Hospital No. 4 Records
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tune Cemetery
Salem, Missouri

DATE 4-5-38

19. FUNERAL DIRECTOR
(ADDRESS)

Hobson's
Salem, Missouri

20. FILED

Apr 5 1938 T. J. Robinson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

4-4-38

19

22. I HEREBY CERTIFY, That I attended deceased from

April 16, 1937 to April 4, 1938

I last saw him alive on April 3, 1938. Death is said

to have occurred on the date stated above, at 4:34 a.m.

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

Arteriosclerosis, generalized & marked

Date of onset

9

Other contributory causes of importance:

Psychosis with Cerebral Arteriosclerosis 1930

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)

C. O. Oult M. D.
Farmington, Mo.

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STATEMENT BY LICENSED EMBALMER

I, N. D. Hobson, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____, L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed N. D. Hobson

_____, Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)