

REC'D MAY 13 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15745

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois(b) Township St. Francois(c) City Farmington

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

Registration District No. 773Primary Registration District No. 6015A(d) Street No. State Hospital No 4 Farmington St.
(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? yrs. mos. ds.

2. PRINT FULL NAME Oran G. Dawson(a) Residence, No. Salem, Missouri St.

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

(If nonresident, give city or town and State)

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 OFAbigail Dawonn6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24th, 1859

7. AGE

YEARS

78

MONTHS

4

DAYS

17

If LESS than 1

day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Keosauqua
Iowa

FATHER

13. NAME Nelson Reed Dawson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Elizabeth Whitner16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) unknown17. INFORMANT State Hospital #4 Records
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tune Cemetery DATE 4-12-38Salem, Missouri19. FUNERAL DIRECTOR Hobson's
(ADDRESS) Salem, Missouri20. FILED all 11 1938 V. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11- 19 3822. I HEREBY CERTIFY, That I attended deceased from
5-14, 1937, to 4-11, 1938I last saw him alive on 4-10, 1938 Death is saidto have occurred on the date stated above, at 6:45 am.

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

Generalized arteriosclerosis
resulting in cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Chronic myocarditis, probably
of arteriosclerotic typeName of operation Date of
What test confirmed diagnosis? Chloroform Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where 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) P. S. Tate699 (Address) State Hosp. #4 Farmington M. D.

STATEMENT BY LICENSED EMBALMER

I, M. D. Hobson, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not Embalmed
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed M. 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.)