

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

Do not use this space.

REC'D JUL 15 1938

21571

**1. PLACE OF DEATH**

County Cass  
 Township Big Creek  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 157  
 Primary Registration District No. 5222

File No. \_\_\_\_\_  
 Registered No. 25

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(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. (If nonresident, give city or town and State)

John Albert Dabson 125

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 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 Elizabeth Dabson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm  
 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation life

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

13. NAME Frank Dabson

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

15. MAIDEN NAME Frank Elizabeth Davis

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

17. INFORMANT (ADDRESS) Mrs. J. A. Dabson  
R.F.D. Peculiar Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Willsboro, Penna. DATE June 29, 1938

19. UNDERTAKER (ADDRESS) E. T. George & Sons  
Bellvue Mo.

20. FILED July 2, 1938 Mrs. Etta M. Aldridge  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-3- 1938, to 6-27- 1938  
 I last saw him alive on 6-26-38, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 1:05 p.m.  
 The principal cause of death and related causes of importance were as follows:

2 Mitral Stenosis  
3 Chronic myocarditis  
4 Arterio Sclerosis of heart  
1 Acute dilatation of heart  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset \_\_\_\_\_

Name of operation none 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? \_\_\_\_\_ 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) Edmer Beabe, M. D.  
Platte, Kansas.

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

