

SEP 19 1938

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

Do not use this space.

29858

1. PLACE OF DEATH
 County Trapp Registration District No. 754
 Township Thomas Primary Registration District No. 5990
 City Naylor (No. _____) St. _____ Ward _____

2. FULL NAME Joyce Darlene Dawson 25 yrs
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (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.

File No. 84
 Registered No. 1377

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>4</u>	<u>4</u>	

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

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) ✓ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naylor Mo

13. NAME Wayne Dawson

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

15. MAIDEN NAME Owen Adams

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

17. INFORMANT Wayne Dawson
 (ADDRESS) Naylor Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Naylor Cem. DATE Aug 3, 1938

19. UNDERTAKER Minnie B. Bush
 (ADDRESS) Naylor Mo.

20. FILED 810 1938 Steele
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1938

22. I HEREBY CERTIFY, that I attended deceased from July 27, 1938 to Aug 1, 1938
 I last saw her alive on July 31, 1938. Death is said to have occurred on the date stated above, at 12:20 A. m.
 The principal cause of death and related causes of importance were as follows:
also ecchymosis on
apertures
13 C

Date of onset _____

Other contributory causes of importance: age

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy 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) Steele, M. D.
Naylor Mo. (Address)

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

