

REC'D DEC 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

40083
Do not use this space.

1. PLACE OF DEATH

(a) County

Polk

Registration District No.

707

(b) Township

Brighton

Primary Registration District No.

5936

Registered No.

7

(c) City

Brighton

(d) Street No.

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

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

yrs. mos. ds.

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

yrs. mos. ds.

2. PRINT FULL NAME

Henry Eastus Dawson

(a) Residence, No.

Brighton Mo.

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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Martha Jane Dawson

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

April 18-1861

7. AGE

YEARS

77

MONTHS

6

DAYS

15

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Carpenter

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

Construction Work

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)West Plains
Mo.

FATHER

13. NAME

Berry Dawson

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT
(ADDRESS)Martha Jane Dawson
Brighton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Bassville, Mo.

DATE

Nov. 3

19. FUNERAL DIRECTOR (NAME)
(ADDRESS)J. W. Hingner & Co.
Springfield, Mo.

20. FILED

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 2

1938

22. I HEREBY CERTIFY, That I attended deceased from

10-14-1938

to

11-2-1938

1938

I last saw him alive on

10-1-1938

1938

Death is said

to have occurred on the date stated above, at 4:10 A.M.

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

Date of onset

Bronchial Pneumonia

10-25-38

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Chink

Date of

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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) J. W. Hingner, M. D.

(Address) Springfield, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-467

Date Filed 12-6-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

1763: Warren S. Hoblett #4005

by Mr. Roy A. Gaudin
Max Rhodes

Registered Apprentice No. 117, working under my personal supervision.

Signed

J. B. Klingner

Licensed Embalmer No. 3358

P. O. Address

Springfield, Mo.

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40 08 3

Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 707
(b) Township East Loraney Primary Registration District No. 5736
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Jane Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 - 18 - 1861

7. AGE YEARS 77 MONTHS 6 DAYS 15
If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) West Plains (STATE OR COUNTRY) MO

FATHER 13. NAME Berry Dawson

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Martha Jane Dawson
Bughton

18. BURIAL, CREMATION, OR REMOVAL PLACE Baserville DATE Nov 3 1938

19. FUNERAL DIRECTOR (ADDRESS) J. W. Klinger & Co
Springfield

20. FILED Nov 2 1938 Mrs. Hattie H. Taylor
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 10 - 14 1938 to 11 - 2 1938

I last saw him alive on 11 - 1 1938. Death is said to have occurred on the date stated above, at 4:10 am.

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

Bronchial Pneumonia Date of onset _____

Other contributory causes of importance:

Apoplexy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) H. J. Harrell, M. D.

(Address) Marionville Mo.

