

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.

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

single

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

day unknown

12 mo - 1882

7. AGE

YEARS

MONTHS

DAYS

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

about 57

OCCUPATION

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.

COOK

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

6

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

Mexico MO

FATHER

13. NAME

TUCK DAWSON

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

UNKNOWN MO

MOTHER

15. MAIDEN NAME

ROSIE GLENN

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

UNKNOWN MO

17. INFORMANT (ADDRESS)

BYRON DAWSON Mexico MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood

DATE 1-30-1939

19. UNDERTAKER (ADDRESS)

C. L. Reynolds Mexico MO

20. FILED

Jan 30 1939 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

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

1-29-1939

22. I HEREBY CERTIFY, That I attended deceased from

1-10-1939 to 1-27-1939

I last saw him alive on 1-27-1939 Death is said

to have occurred on the date stated above, at 5:40 p.m.

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

Strangulated Hernia

Date of onset

Fecal Abscess in sac

Other contributory causes of importance:

Peritonitis 1274

Name of operation Hemiorrhaphy

What test confirmed diagnosis? Was there an autopsy? 25

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) A. J. Eaton M. D.

23 (Address) Mexico MO

RECEIVED

District Health Officer No. 10

District File Number 10-39-36

Date Filed FEB 9 1939