

2290 MAR 17 1939

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

Do not use this space.

1. PLACE OF DEATH ²
 County Holt Registration District No. 371
 Township Clay Primary Registration District No. 4217
 City Maitland (No. _____) St. _____ Ward _____
 2. FULL NAME Mary Elizabeth Kelly Dawson
 (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. 6665
 Registered No. 39

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Lafe Dawson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10-1860
 7. AGE YEARS 78 MONTHS 10 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) Baltimore Md.
 FATHER 13. NAME George Kelley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME Temperance Han
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Md.
 17. INFORMANT Lafe Dawson
 (ADDRESS) Maitland Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maitland R.P. DATE 2-14 1939
 19. UNDERTAKER Campbell Funeral Home
 (ADDRESS) Maitland Missouri
 20. FILED 2-13 1939 Vern D. Stout
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1939
 22. I HEREBY CERTIFY That I attended deceased from Feb 3 1939 to Feb 11 1939
 I last saw h.R. alive on Feb 11 1939 Death is said to have occurred on the date stated above, at 10:15 a.m.
 The principal cause of death and related causes of importance were as follows:
acute Coronary Embolism Date of onset _____
 Other contributory causes of importance: 94 B
 Name of operation _____ 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) R. M. Lilley M. D.
 (Address) Maitland, Mo

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.

FEB 1 1944

RECEIVED
District Health Officer No. 11,
Date Filed 3/8/39
District File Number 39-45