

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 MAY 19 1939

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

Do not use this space.

15958

1. PLACE OF DEATH

92 County St. Charles Registration District No. 756
Township Portage Primary Registration District No. 5997
City 250 Emma Dawson (No. 100)

File No. 15958
Registered No. 15958 St. 100 Ward 100

2. FULL NAME

(a) Residence, No. 250 Emma Dawson (Usual place of abode) Portage Missouri Ward 100
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Dawson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1, 1862</u>		
7. AGE <u>77</u>	YEARS <u>3</u>	MONTHS <u>8</u>
10. Date deceased last worked at this occupation (month and year) <u>Mar. 1, 1939</u>		11. Total time (years) spent in this occupation <u>37 yrs.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portage, Mississippi</u>		
13. NAME <u>Joseph William</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
15. MAIDEN NAME <u>Elizabeth Surdick</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1938, to April 9, 1939
I last saw him alive on April 8th, 1939. Death is said to have occurred on the date stated above, at 2 PM m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
Hb

Other contributory causes of importance:

Myocarditis chronic
for past 6-7 years

Name of operation none Date of none
What test confirmed diagnosis? Biopsy (Was there an autopsy?)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 1939
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) C. A. Barnard, M.D.
(Address) Portage, Mississippi

17. INFORMANT Charles W. Conner
(ADDRESS) Portage, Miss.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE April 11, 1939
19. UNDERTAKER John A. Bachman
(ADDRESS) Portage, Miss.
20. FILED Apr. 12, 1939 Rose Barnard
Sub. Registrar.

