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

FILED JUN 19 1939

18129
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township or City St Joseph — Primary Registration District No. 1001 — Registered No. 603
(c) Length of residence in city or town where death occurred 72 yrs. mos. ds. (d) Street No. 1515 So 10th. St. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Timothy Dawson
(a) Residence, No. 1515 South 10th. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Frances Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23rd. 1867.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Conductor.
9. Industry or business in which work was done, as saw mill, bank, etc. Union Pacific
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo.

FATHER
13. NAME Michael Dawson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

17. INFORMANT (ADDRESS) Margaret Murry 1515 South 10th.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Mt Olivet — DATE June 15 39

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son (ADDRESS) 1802 Union, St Joseph Mo.

20. FILED June 14, 1939 H. J. Westlebrook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12th. 1939

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to June 12th 39
I last saw him alive on June 12th. 39 Death is said to have occurred on the date stated above, at 8:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease - 54	1935
Other contributory causes of importance: Duo. Mel. Hypertensive Chronic Nephritis - Del. Gen.	3rd. 1939.

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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) Frank Vandegaer, M. D.
(Address) Lincoln Trust Bldg St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, or by.....

Robert P. Clarkson....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Union St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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