

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.

JUL 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Pike

Registration District No.

690

File No.

22985

Township

Hartford

Primary Registration District No.

6918

Registered No.

6

City

(No.

St.

Ward)

2. FULL NAME

J. S. Margaret Rebecca Dawson

(a) Residence, No.

St.

Ward.

(If nonresident, give city or town and State)

(Usual place of abode)

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

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

J. W. Dawson

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

Feb 29 1863

7. AGE

76

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

4

OCCUPATION

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

Housewife

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Middletown Mo

13. NAME

John Stone

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

England

15. MAIDEN NAME

Mary Hancock

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

England

17. INFORMANT
(ADDRESS)Mrs Paul Stone
New Hartford Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Indian Creek

DATE

June 29

1939

19. UNDERTAKER
(ADDRESS)Lisco Bunkerhead
Bowling Green Mo

20. FILED

June 29, 1939 Mrs Lysa Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

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

6/27

1939

22. I HEREBY CERTIFY, That, I attended deceased from

6/20

1939, to

6/27

1939

I last saw him alive on

6/29

1939. Death is said

to have occurred on the date stated above, at

10:30

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

Myocardial infarction

Date of onset

6/1/39

Other contributory causes of importance:

Arteriosclerosis
Chronic heart hypertrophy

1938

1937

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

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. M. McIlroy

M. D.

(Address)

Bowling Green

RECEIVED

District Health Officer No. 10

District File Number 7-39-1188

Date Filed JUL 10 1939