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 SEP 19 1939

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

30046
Do not use this space.

1. PLACE OF DEATH
(a) County Ripley Registration District No. 751
(b) Township Ulgomus Primary Registration District No. 5998 Registered No. 1408
(c) City or Town Doniphan (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
250

2. PRINT FULL NAME Philip Wayne Dawson
(a) Residence, No. ..... 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 4 1939

7. AGE: Years —; Months —; Days 27; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as 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): Naylor, Mo.

FATHER
13. NAME: Wayne Dawson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph Co. Ark.

MOTHER
15. MAIDEN NAME: Orene Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Success, Ark

17. INFORMANT (ADDRESS): Wayne Dawson, Naylor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Naylor Cem DATE ~~Aug~~ Sept 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Minnie Gish, Naylor Mo.

20. FILED 9/4/1939 Freeburtt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1939, to Aug 31, 1939
I last saw h. alive on Aug 27, 1939. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

not certain
but medulla although seems to have function defective
disturbing the center of respiration
perhaps a hemorrhage

Other contributory causes of importance:
no instrumental delivery
natural delivery

Name of operation: none Date of: .....
What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 8/4, 1939
Where did injury occur? during birth (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury: may be a medulla hemorrhage
Nature of injury: during birth

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Freeburtt, M. D.
(Address) Naylor Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 439 236

Date Filed 9/5/39

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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