

Registration District No. 628

Primary Registration District No. 3031

State File No. _____

Registrar's No. 148

1. PLACE OF DEATH:
(a) County Madaway
(b) City or town Marquette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days 256

3. (a) PRINT FULL NAME Alda Ruth Dawson
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Charles Dawson
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 28 - 1881
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace West Liberty Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER {
12. Name Paul Brogan
13. Birthplace Cedar Co Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ann C. Collier
15. Birthplace Springdale Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Paul Brogan
(b) Address Sheridan Mo

17. (a) Brotherly Am (b) Date thereof 11-15-1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheridan Mo

18. (a) Signature of funeral director Newton Long
(b) Address Sheridan Mo

19. (a) 11-14-39 (b) Mame E. Clardy
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Madaway
(c) City or town Sheridan (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day November
year 1939 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 13
_____, 1939, to Nov 14, 1939,
that I last saw her alive on Nov 13, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death General Septicemia Duration 1 week
Due to Septic sore throat 10 days

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 115C

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature J. C. Bloomer (M. D. or other) 11/15/39
Address Marquette Ia Date signed 11/15/39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Newton Long

Licensed Embalmer No. 886

P. O. Address.....

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

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