

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

43164
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 212
 (b) Township Charl. Primary Registration District No. 5292
 (c) City _____ (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 630 Cynthia A. Howard St. (If nonresident, give city or town and State)
Russellville
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76. 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Wife
 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) Russellville Mo

FATHER 13. NAME Noah Dawson

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

MOTHER 15. MAIDEN NAME Elizabeth Payne

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

17. INFORMANT (ADDRESS) Mrs W. L. Sevier Russell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Victory Hill DATE Dec 10 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. L. Sevier Russellville

20. FILED Dec 10 1939 Mr. J. E. Glover Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1939 to Dec 7 1939

I last saw him alive on Dec 7 1939. Death is said to have occurred on the date stated above, at 6 P.M., The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Bronchial Asthma
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify Port E. Murrell
 (Signed) _____ (Address) Russellville, Mo.

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.....

G. M. Steffen....., Registered Apprentice No.....
working under my personal supervision

Signed *G. M. Steffen*.....

Licensed Embalmer No. *2307*.....

P. O. Address *Russellville*.....

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

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