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 importar

JAN 12 1940

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

2

Do not use this space.

43253

1. PLACE OF DEATH

County: Dent
Township: Watkins
City: .... (No. .... St. .... Ward)

Registration District No. 266
Primary Registration District No. 5318

File No. ....
Registered No. ....

250

2. FULL NAME James Rolla Dawson

(a) Residence, No. .... St., ... Ward. (Usual place of abode) (If nonresident, give city or town and State)

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: Male
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: Annie Dawson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 83 — MONTHS — DAYS 21 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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 occupation: all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Licoma Mo

FATHER
13. NAME: James G Dawson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Rachel Wagner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL — PLACE .... DATE .... 19..
19. UNDERTAKER (ADDRESS)
20. FILED .... 19.. .... *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 15 — 1939

22. I HEREBY CERTIFY, That I attended deceased from .... 1937, to Nov 15 — 1939

I last saw h— alive on Sept 1939. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Chronic Nephritis

73

Other contributory causes of importance:

T B of lungs —

Name of operation: None Date of ....
What test confirmed diagnosis? Hosp. 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 — 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) Lee Randall, M. D.
(Address) Licking Mo

RECEIVED
District Health Officer No. 5,
District File Number 142.28
Date Filed 11040

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

43253
Do not use this space.

1. PLACE OF DEATH
(a) County Dent
Registration District No. 266
(b) Township Watkins
Primary Registration District No. 3378
Registered No. 103
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Rolla 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Dawson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24, 1856
7. AGE YEARS 83 MONTHS DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lecoma Mo

FATHER
13. NAME James G. Dawson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Rachel [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT E. L. Dawson
(ADDRESS) Lenox Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mount Hermon Cem DATE Nov 16 1939
19. FUNERAL DIRECTOR none
(ADDRESS)
20. FILED Feb 5 1940 F. E. [illegible] MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1939
22. I HEREBY CERTIFY, That I attended deceased from 1939 to Nov 15 1939
I last saw him alive on Sept 7 1939. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Chronic Nephritis

Other contributory causes of importance:
T. B. of Lungs

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 , 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
(Signed) Leslie Randall M. D.
(Address) Licking Mo