WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 26 1934

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

Do not use this space.

39626

1. PLACE OF DEATH
County: DeKalb
Township: Colfax
City: (No. St. Ward)

Registration District No. 260
Primary Registration District No. 5362

File No.
Registered No.

2. FULL NAME: Edward E. Rawson

(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: Margaretta Rawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 16 1859

7. AGE: Years 74 Months 4 Days 22 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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

FATHER
13. NAME: John Rawson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Elizabeth Kitrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT: Mrs E E Rawson
(ADDRESS): Osborn Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Osborn Cemetery DATE: Dec 11 1933

19. UNDERTAKER: F. G. Tipton
(ADDRESS): Stewartsville Mo

20. FILED 12-11 1933 Mary S McMahill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-30 am Dec 9th 1933, to Death Dec 9 1933

I last saw him alive on Dec 9th 11 am 1933. Death is said to have occurred on the date stated above, at 9 p.m.

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

	Date of onset
Cerebral Hemorrhage	
Superinduced by partial	
Schlerosis	

Other contributory causes of importance:
Bed R
Ulcer
Leg

Name of operation: None Date of
What test confirmed diagnosis? Symptoms 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
(Signed) John B. Brown, M. D.
(Address) Maysville Mo.