

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.

REC'D OCT 25 1938

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

Do not use this space.

32991

1. PLACE OF DEATH

County Pemiscot
Township Virginia
City _____ (No. _____, St. _____ Ward)

Registration District No. 655
Primary Registration District No. 3872

File No. _____
Registered No. _____

2. FULL NAME Harrison E. Dawson 257

(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. 4 mos. 3 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Steele Mo.

FATHER 13. NAME Clyde Dawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Point Miss

MOTHER 15. MAIDEN NAME Sadie Case

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. Miss

17. INFORMANT E. W. Dawson (ADDRESS) Steele Rives Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden Point, DATE Sept 1, 1938

19. UNDERTAKER German Undt Co (ADDRESS) Steele, Mo.

20. FILED Oct 28 Steele Registrar. 587

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Aug 31, 1938. I last saw him alive on Aug 31, 1938. Death is said to have occurred on the date stated above, at 3:00 p. m.

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

Colitis and Malaria fever.

Other contributory causes of importance:

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) J. R. Midgum, M. D.

(Address) Steele Mo.

