Cat Nov 24 1939

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

36250
Do not use this space.

1. PLACE OF DEATH
(a) County Howell — Registration District No. 384
(b) Township Howell — Primary Registration District No. 5335 — Registered No.
or
(c) City — (d) Street No. Rover Route, West Plains, Mo. 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W. Dawson
(a) Residence, No. 250 West Plains, Mo. Rover Rt. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Coons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1856

7. AGE: Years 82 — Months 10 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Brownsville, (STATE OR COUNTRY) Neb.

FATHER
13. NAME Wm Dawson
14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME //
16. BIRTHPLACE (CITY OR TOWN) // (STATE OR COUNTRY)

17. INFORMANT Mrs. Gladys Leggett
(ADDRESS) West Plains, Mo. Rover Route.

18. ~~BURIAL, CREMATION~~, OR REMOVAL To
PLACE Red Cloud, Neb DATE 9-23-, 1939

19. FUNERAL DIRECTOR (NAME) Hal Thornburgh
(ADDRESS) West Plains, Mo.

20. FILED 9-21-, 1939 Vida W Simons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1939, to Sept. 20th, 1939
I last saw him alive on Sept. 20th, 1939 Death is said to have occurred on the date stated above, at 4:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis, Hepatic, Chr.	?
Other contributory causes of importance:	
Myo-carditis, chronic.	?

124 h

Name of operation None Date of XX
What test confirmed diagnosis? Clinical 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? No.
If so, specify
(Signed) Hal Thornburgh, M. D.
(Address) West Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 I X16605

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~~ .....

Hal Thornburgh ....., Registered Apprentice No. .....,

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 1139352

Date Filed 11839

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, Mo.

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.