

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

Do not use this space.

25770

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Arbansas and Summerstreet St. Ward)

File No.
 Registered No. 17373

2. FULL NAME

Frank Dodson
 (a) Residence. No. 5976^a Highland St. 6 Ward. (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 Bertha Dodson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25-1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	47	4	18	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. See man
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Carlyle
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown Dodson

11. BIRTHPLACE OF FATHER (CITY OR TOWN).
 (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Polymira Hooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).
 (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Bertha Dodson
 (Address) 5976^a Highland Ave

15. FILED AUG 29 1927 May C. Darkopf
 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1927

17. I HEREBY CERTIFY, That I attended deceased from
, 19....., to, 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Electrocution
Contract with live wire
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE 1926
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) [Signature] M. D.
 19 27 (Address) Comme

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walhalla Cemetery DATE OF BURIAL 8-16 1927

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Easton Ave

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.

