

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

Do not use this space.

30959 X

1. PLACE OF DEATH

County Manly
Township Miles
City

Registration District No. 547
Primary Registration District No. 5739

File No.
Registered No. 275
St. Ward

2. FULL NAME

Harold Ray Dodd

(a) Residence No. St. Ward
(Usual place of abode)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4-1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 1 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employee) " "
(c) Name of employer " "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fall Creek Ill

10. NAME OF FATHER Homer R. Dodd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo

12. MAIDEN NAME OF MOTHER Lela Dawson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Rockport Ill

14. INFORMANT (Address) Homer R. Dodd
Rt. 2, P. O. #2 Hannibal Mo

15. FILED Oct 14 1927 REGISTRAR L. B. Stodie

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14 1927

17. I HEREBY CERTIFY, That I attended deceased from 13 1927, to Oct 15 1927, that I last saw him alive on 19 , and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infantile Paralysis
(Polio Myelitis)
16 (duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY) J.P. (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH... no DATE OF
WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) C. T. Shepherd, M. D.
Oct 13, 1927 (Address) Hannibal Mo

*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 Near Fall Creek, Ill. DATE OF BURIAL Oct 14-1927
Bluff Hall Cem, Ill

20. URBERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

