

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

Do not use this space.

2657

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4600 Westminister Bldg) (Ward) File No. F 222
 Registered No. 222

2. FULL NAME

Dr. Mary Dodds
 (a) Residence. No. 4600 Westminister St. 19 Ward. (If nonresident give city or town and State)
 (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21st 1842

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, ___ hrs. ___ min.

85. | X. | 13.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Scotland.

10. NAME OF FATHER George Dodds

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland.

12. MAIDEN NAME OF MOTHER Isabelle Taylor

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

14. INFORMANT Mrs. Elliott,
 (Address) Dayton, Ohio.

15. FILED 19 Mar 6 Starckoff
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JAN 3RD 1928.

17. I HEREBY CERTIFY, That I attended deceased from Dec 1926, to Jan 3 1928.
 that I last saw h.k. alive on Jan 3 1928, and that death occurred, on the date stated above, at 10:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
11B
162 / 110
 (duration) 1 yrs. 1 mos. ds.
 CONTRIBUTORY (SECONDARY) Influenza infection
 (duration) 0 yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF P

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) Florence H. Bullis, M. D.
 , 19 (Address) 516 Metropolitan Bldg.

*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 Kenia, Ohio. DATE OF BURIAL Jan 6th 1928.

20. UNDERTAKER C. R. Lupton ADDRESS 4249 Ohio St

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.

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

Metropolitan Bldg.

2-5 P.M.
