

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

Do not use this space.

20273

1. PLACE OF DEATH

County St. Louis Registration District No. 4161
Township Polk Primary Registration District No. 262
City Union Star, Mo. St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Zilpha Christina Dodge
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alvinia M. Dodge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 2-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
78 | 10 | 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Bellefleur Ohio

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER Ann Strong

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

14. INFORMANT (Address) Anti-Holye Union Star Mo.

15. FILED 6/25-28 E. M. Reynolds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1928

17. I HEREBY CERTIFY That I attended deceased from Apr 11 1928, to June 25 1928 that I last saw her alive on June 25 1928, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
59
89A Cerebral Haemorrhage

CONTRIBUTORY (SECONDARY) Diabetes Mellitus (duration) 5 yrs. mos. da.
59 (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 59

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONCERNED DIAGNOSIS? (Signed) E. M. Reynolds M. D. 6/25 1928 (Address) Union Star 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 DATE OF BURIAL Union Star Cemetery June 26 1928

20. UNDERTAKER ADDRESS W. H. Wilson, Ray City Mo.

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.

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