

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

Do not use this space.

JUL 30 1928

22814

1. PLACE OF DEATH

County Vermeil Registration District No. 875
 Township Washington Primary Registration District No. 6162
 City Washington (No.) St. Ward)

File No.
 Registered No. 140

2. FULL NAME

Sam Dodson
 (s) (Residence. No. State Hospital #3 St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 28 yrs. mos. 15 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 divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1863 12-16
 7. AGE YEARS 65 MONTHS 7 DAYS 19 IF LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER not known
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER not known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) Mo.

14. INFORMANT Dr. Clerk Henry Co.
 (Address)

15. FILED 7-12 1928 E. R. King
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1928
 17. I HEREBY CERTIFY, That I attended deceased from Oct., 1927, to June 20, 1928, that I last saw him alive on June 20, 1928, and that death occurred, on the date stated above, at 7:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Arteriosclerosis
92A
97 1/2 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY Cerebral hemi
 (SECONDARY) (duration) yrs. mos. / ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. J. O'Dell, M. D.
18/20, 1928 (Address) Merida 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 Hospital Cemetery DATE OF BURIAL June 26 1928
 20. UNDERTAKER Allen V. Mayo ADDRESS Merida 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.

Jack Dalton;
Walton. Mo.

5