

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

Do not use this space.

14530

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis mo (No. 1602^a So. 12th St)

File No.....
 Registered No. 3878
 St..... Ward

2. FULL NAME

Sarah Ellen Dodd
 (a) Residence, No. 1602^a So. 12th St., 23 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White married

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

James Dodd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-22-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.

57 7 25

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) mo

10. NAME OF FATHER Peter Meyers

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

12. MAIDEN NAME OF MOTHER Emily Smith

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

14. INFORMANT James Dodd -

(Address) 1602^a So. 12th

15. FILED 198 1353 W. C. Fisher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-17-1930

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1930, to April 17, 1930 that I last saw h. as alive on Apr. 17, 1930 and that death occurred, on the date stated above, at 3:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma R. Breast

477 50 47B
 (duration) yrs. 5 mos. - ds.
 CONTRIBUTOR Winters & P. Lung
 (SECONDARY) (duration) yrs. 1 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Burtan Bohannon, M. D.

4/18, 1930 (Address) 2602 S. Grand

*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

Flat River mo

4-19 1930

20. UNDERTAKER

ADDRESS

McLaughlin 1631 mo. ave.

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.

24 5:00