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

Do not use this space.

17022

JUL 24 1930

84

1. PLACE OF DEATH

County Polk — Registration District No. 710

Township Mooney — Primary Registration District No. 5939

City ~~Pleasant~~ Hope (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Mose C. Dodd

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

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(or) WIFE OF~~: Mary E. Dodd

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 7, 1861

7. AGE: 68 YEARS — MONTHS: 10 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Farming

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Henry Dodd

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

12. MAIDEN NAME OF MOTHER: Mattie Jurk

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

14. INFORMANT: O. C. Dodd
(Address) Van, Mo.

15. FILED June 6, 1930 Estelle Benton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 16 Fr 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1930, to May 16, 1930 that I last saw him alive on May 17, 1930, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Duodenal cancer

46B

11B (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Influenza

..... (duration) ..... yrs. ..... mos. 12 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) D E Hammontree, M. D

May 16, 1930 (Address) Bolivar 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: Rock Prairie — DATE OF BURIAL: May 17 1930

20. UNDERTAKER: Willard B Erwin — ADDRESS: Bolivar Mo

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