OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County Cedar
Township Benton,
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 164
Primary Registration District No. 5229

File No. 28441
Registered No. .....

2. FULL NAME Joseph 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male,	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April ,4th,13,

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
17	4	20	

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

9. BIRTHPLACE (CITY OR TOWN) Jerico Spgs Mo,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Thomas Dodd,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jerico Spgs
(STATE OR COUNTRY) Missouri,
12. MAIDEN NAME OF MOTHER Eula Utterback,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jerico Spgs
(STATE OR COUNTRY) Mo.

14. INFORMANT Thomas Dodd,
(Address) Jerico Spgs Mo,

15. FILED 9-13, 1930. F. M. Davis. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug., 27 th 30,

17. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1930, to Aug 27, 1930 that I last saw him alive on Aug 26, 1930, and that death occurred, on the date stated above, at 6 A — m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Poliomyelitis
16 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 22 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Spinal fluid test by state board laboratory
(Signed) J W Dawson, M. D.
9-7-, 1930 (Address) El Dorado Spgs.

*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
Brashier Cemetery,	Aug, 27 19
20. UNDERTAKER	**ADDRESS**
Mitchell & Son,	Jerico Spg

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.