

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 28 1930

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

Do not use this space.

31899

1. PLACE OF DEATH  
 County Sullivan Registration District No. 979  
 Township Bureau Primary Registration District No. 6121  
 City ~~Bureau~~ (No. ....) St. .... Ward)

2. FULL NAME Genevieve Marie Dodson  
 (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 1 yrs. 3 mos. - 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 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 William Theodore Dodson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
17 9 10

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) Boynnton,  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Hugh Livingstone

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pollocks,  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ethel M. Tanning

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Milan,  
 (STATE OR COUNTRY) Missouri

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1930, to Sept 15, 1930, that I last saw her alive on Sept 15, 1930, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diphtheria

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

CONTRIBUTORY (SECONDARY) 10  
 (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? .....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) Quinn J. Beeker, M. D.  
9/17, 1930 (Address)

\*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  
Campbell Cem. Near Pollocks, Mo. Sept 17, 1930

20. UNDERTAKER ADDRESS  
C. A. Schovere Milan, Mo.

14. INFORMANT Wm. T. Dodson  
 (Address) Browning, Mo.

15. FILED 10-12-1930 J. M. Rogers  
 REGISTRAR

