

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

Do not use this space.

39815

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Jasper Registration District No. 411
Township Salena Primary Registration District No. 2003
City Joplin (No. _____) St. _____ Ward _____

2. FULL NAME Alfred Dotson
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	2	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work labour
(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) Clouey, Missouri

10. NAME OF FATHER Alfred Dotson

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT Smith Dotson
(Address) Joplin Mo

15. FILED 12/3/30 W. B. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21-30

17. I HEREBY CERTIFY, That I attended deceased from 12-19 to 12-21 and that I last saw him alive on 12-21, 1930, and that death occurred, on the date stated above, at 5-10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease

CONTRIBUTORY (SECONDARY) Bronchial Asthma
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED POA
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Ed Garner
(Signed) _____ M. D.
12-22-1930 (Address) Joplin 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 First view Bur DATE OF BURIAL 12-23-30

20. UNDERTAKER W. B. Smith & Co ADDRESS Joplin Mo

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly understood. CITY. PHYSICIANS should state if OCCUPATION is very important.

Nov 20 1930

