

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

Do not use this space.

33473

1. PLACE OF DEATH  
 County ADA/R Registration District No. 4  
 Township ..... Primary Registration District No. 3001  
 City KIRKSVILLE MO (No. ....) St. .... Ward .....  
 2. FULL NAME NELLIE DODSON  
 (a) Residence, No. 1220 EAST PATTERSON 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.

File No. ....  
 Registered No. 170  
 St. .... Ward .....

**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 GEO DODSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 5th 1848  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
83 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) 68 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RANDOLPH CO MO

13. NAME JOHN GRAVES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RANDOLPH CO MO

15. MAIDEN NAME NANCIE JANE MORRIS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RANDOLPH CO MO

17. INFORMANT (ADDRESS) Glen Dodson  
KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 10/13/1931

19. UNDERTAKER (ADDRESS) DAVIS & WILSON  
KIRKSVILLE MO

20. FILED 10/18 1931 Ch. Becker  
Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1931, to Oct 11, 1931.  
 I last saw h. alive on Oct 11, 1931 Death is said to have occurred on the date stated above, at 8:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

Oct 4 - 1931 Date of onset  
Apoplexy, Oct 4 - 1931  
 Other contributory causes of importance:  
Intermittent Influenza, Oct 4

Name of operation None Date of 10/11/31  
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 1931  
 Where did injury occur? None  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify None  
 (Signed) John T. Dodson, M. D.  
 (Address) Kirksville Mo

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 23 1931

1931-10-11  
1848-3-5  
83-7-6

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