

WHITE PEARL, 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.

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

Do not use this space.

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 3 Township Springfield Primary Registration District No. 2001
 5 City Springfield (No. 2128 Jay Ave) St. _____ Ward _____

2. FULL NAME Virginia Alice Pearl Dodd
 (a) Residence, No. 2128 Jay St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 4340
 Registered No. 126

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	2	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child at Home

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) _____ 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

MOTHER / FATHER

13. NAME Frank R. Dodd 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

15. MAIDEN NAME Willie Wittington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Frank R. Dodd

18. BURIAL, CREMATION, OR REMOVAL Hazelwood Cemetery Feb 16 1932
 PLACE DATE

19. UNDERTAKER (ADDRESS) W. H. Wittington & Co Springfield Mo

20. FILED 2-16 1932 For Sharp
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1932

22. I HEREBY CERTIFY That I attended deceased from 1-28-32 to Feb 15, 1932
 I last saw her alive on Feb 15, 1932 Death is said to have occurred on the date stated above, at 2:10 P. m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset _____
Influenza
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. W. Burns M. D.
 (Address) 200 Qu Commercial St

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