

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

Do not use this space.

5151

1. PLACE OF DEATH

49 County Jasper Registration District No. 415
Township Grades Primary Registration District No. 4247
City Grades (No. _____) St. _____ Ward _____

2. FULL NAME

Martha Jane - Dodson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-8-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 1 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Jan-19-30 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.
13. NAME Hiram H Dodson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2 Penn.
15. MAIDEN NAME Stephens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
17. INFORMANT (ADDRESS) L E Houck

18. BURIAL, CREMATION, OR REMOVAL PLACE Dudman DATE Feb-26-32
19. UNDERTAKER (ADDRESS) Paragon Undert Co. Paragon Mo.
20. FILED 2/26 1932 Best Bradford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-25-1932
22. I HEREBY CERTIFY, That, I attended deceased from Feb-1st, 1932, to Feb-24th, 1932.
I last saw her alive on Feb-24th, 1932. Death is said to have occurred on the date stated above, at 2:35 P.M.
The principal cause of death and related causes of importance were as follows:
106A
Acute Catarrhal Bronchitis 7/23-24
Other contributory causes of importance: Dementia Praecox 1 years
106B Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. Was there an autopsy? No
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? No
If so, specify _____
(Signed) Stewart Praggins, M. D.
(Address) Grades, Mo.

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.

MAR 28 1932

