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.

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

Do not use this space.

32475

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4005
City Kansas City (No. Gen Hosp #2 St. Ward)

2. FULL NAME Charles Dodson
(a) Residence, No. 2411 Woodland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geneva Dodson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 2, 1883.

7. AGE: YEARS 49 — MONTHS 7 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 95 B 82 A
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): Tenn

FATHER
13. NAME: Jno Dodson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Elsie Carroll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Record Clerk Gen Hosp #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland DATE: 10/25 1932

19. UNDERTAKER (ADDRESS): Watkins Bros Undt Co 1729 Lydia

20. FILED 10-26, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-16-, 1932 to 10-23-, 1932
I last saw him alive on 10-23-, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Rt sided hemiplegia	

Other contributory causes of importance: 82 A

Hypertensive heart disease

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab + Clinic 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? .....
If so, specify .....
(Signed) D. M. Miller, M. D.
(Address) Gen Hosp #2