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. 5

34631

1. PLACE OF DEATH
2 County Andrew, Registration District No. 13
5 Township Primary Registration District No. 4010
2 City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

File No. 53
Registered No.

2. FULL NAME John O. Dotson,
(a) Residence. No. St., Ward. Sprague, Washington,
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

7 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27, 1857,

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	11	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired,
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) West Virginia, 2

PARENTS
10. NAME OF FATHER Granville Dotson,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) West Virginia,
12. MAIDEN NAME OF MOTHER Sarah Cross,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) West Virginia,

14. INFORMANT Mrs Anna M. Dotson
(Address) Sprague, Washington,

15. FILED Nov 28, 1932 C O Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932, to Nov 21, 1932 that I last saw him alive on Nov 21, 1932 and that death occurred, on the date stated above, at 3:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Right Jaw
45D
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45D
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) J. E. Mitchell M. D.
11/21, 1932 (Address) Savannah 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	DATE OF BURIAL
Sprag ue, Washington	Nov. 26 1932
20. UNDERTAKER	ADDRESS
Frank A. Bowman	Savannah, Mo.