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.

9656

File No. 1260
Registered No.

**1. PLACE OF DEATH**

County: Jackson — Registration District No. 388
Township: Kaw — Primary Registration District No. 1043
City: Kansas City, Mo. (No. 4306 Summit St. Ward)

**2. FULL NAME** Mrs. Letitia M. Dodds

(a) Residence, No. 4306 Summit 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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F | W | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John C. Dodds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 18, 1855

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 77 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Pa

FATHER
13. NAME: John Dodds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): David M. Dodds, 724 Hamilton Terrace, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Mar. 16-33, 19

19. UNDERTAKER (ADDRESS): R.V. Lindsey & Sons, Inc. K.C. Mo.

20. FILED: 3/15, 1933 M. M. Lemone Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 15-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 5, 1933, to Mch 15, 1933
I last saw her alive on Mch 15, 1933. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | |
| 54-3 | |
| 1-4 | |

Other contributory causes of importance:

Intestinal Obstruction

Name of operation: Date of:
What test confirmed diagnosis? Usual Symptoms 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) Charles E. Cyrene, M. D.
(Address) 3400 Karnes Boulevard