

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

Do not use this space.

23342
B. N.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township New Primary Registration District No. 1002
 City W. C. Mo. (No. W. C. General Hospital) Registered No. 3048
 (Ward)

2. FULL NAME

Paul J. Dodge
 (a) Residence, No. Midwest Hotel 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May - 21 - 1883</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>2</u>
		DAYS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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) <u>Kansas</u>		
13. NAME <u>Chas. E. Dodge</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>		
15. MAIDEN NAME <u>Leora R. Chaplin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
17. INFORMANT (ADDRESS) <u>Edward P. Dodge, Great Bend, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Great Bend, Mo.</u> DATE <u>7-27-33</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. E. L. Foster, 918 Broadway av</u>		
20. FILED <u>July 27, 1933</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27/33 . 19__

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933 . 19__

I last saw him alive on _____ . 19__ Death is said to have occurred on the date stated above 12:00 A.M.

The principal cause of death and related causes of importance were as follows:

infectious hematemia
Cholera and Colerium
of brain
subdural hemorrhage

Other contributory causes of importance:
passenger
Colerium

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 7/23/33

Where did injury occur? Midwest Hotel, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Nature of injury injury to head

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) [Signature] (Address) W. C. Mo. DEPCOR #

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.

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