

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.

JAN 3 1934

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

Do not use this space.

36020

1. PLACE OF DEATH

25 County Clinton Registration District No. 207
Township _____ Primary Registration District No. H125
City Plattsburg (No. _____) St. _____ Ward _____

File No. 20
Registered No. 40

2. FULL NAME

Pauline Blanche Dodson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Dodson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 10 1862</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>9</u>	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>			
	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>Waynes Co. Mo.</u>				
MOTHER FATHER	13. NAME <u>William Shiversberry</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Phoebe Nicholson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Wm. J. ...</u> (ADDRESS) <u>918 ...</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plattsburg Mo.</u> DATE <u>11-17</u> 19 <u>33</u>				
19. UNDERTAKER <u>Wm. J. ...</u> (ADDRESS) <u>Plattsburg Mo.</u>				
20. FILED <u>1/1/4</u> 19 <u>33</u> <u>W. J. ...</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1932, to Nov. 1933

I last saw him alive on Nov. 11, 1933. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:
Sarcina Bone
(Sept 5th rib & vertebra) 1932
530

Other contributory causes of importance:
53

Date of onset _____

Name of operation None Date of _____

What test confirmed diagnosis? Chem. & bacteriologic

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) W. J. ..., M. D.
(Address) Plattsburg Mo.

