

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

Do not use this space.

38838

1. PLACE OF DEATH

County Stoddard
Township W. N. W.
City Berice (No.)

Registration District No. 238
Primary Registration District No. W. N. W.

File No.
Registered No. 63
St. Ward)

2. FULL NAME

Roy Dodd

(a) Residence, No. 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>W. M.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Ireda Dodds</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13, 1905</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>4</u>	DAYS <u>11</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co. Mo.</u>		
13. NAME <u>R. L. Dodds</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co. Mo.</u>		
15. MAIDEN NAME <u>Rebecca Busale</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Co.</u>		
17. INFORMANT (ADDRESS) <u>R. L. Dodds, Berice Mo. R.F.D. # 3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Berice Mo.</u> DATE <u>11-25-33</u>		
19. UNDERTAKER (ADDRESS) <u>Morgan Fund. Home, Berice Mo.</u>		
20. FILED <u>12-8</u> , 19 <u>33</u> <u>Alice L. Norman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-21-1933 to 11-24-1933
I last saw him alive on 11-21-1933. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Process of Lungs
23A
23
Other contributory causes of importance:
Chronic Bronchitis of several months standing

Name of operation Date of
What test confirmed diagnosis? 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) Raydon Cartman, M. D.
(Address) W. M. Dodds

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.

