

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.

40504

PLACE OF DEATH

County Jefferson
Township Wentzville
City De Soto (No.) St. Ward)

Registration District No. 420
Primary Registration District No. 5574

File No.
Registered No. 100

2. FULL NAME

(a) Residence, No. Route 2 St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 3 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cecile Dodson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9 1897</u>		
7. AGE <u>36</u>	YEARS <u>9</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>De Soto Mo.</u>		
13. NAME <u>D. M. Dodson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Sarah Britton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Cecile Dodson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mammoth Co.</u> DATE <u>Dec. 15 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Donnell B. Dietrich</u>		
20. FILED <u>1715</u> 19 <u>33</u> <u>De Soto</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 22 1933 to Dec 14 1933

Last saw him alive on 12-12-33 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:
Chronic Pyelonephritis Date of Onset 1932

Other contributory causes of importance
93C

Name of operation Physiol Date of 70

What test confirmed diagnosis Physiol Was there an autopsy? no

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? no
If so, specify Chronic Pyelonephritis
(Signed) De Soto Mo M. D.
(Address) _____

