

Meller 572

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.

AUG 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 689
Township 10th Primary Registration District No. 3033
City Lansana (No. 218 S Main)

File No. 25945
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mildred Frances Dodd

(a) Residence, No. 218 S Main St., _____ Ward. _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/22-33
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Lansana Mo

13. NAME Louis Dodd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsville Mo

15. MAIDEN NAME Elsie Catherine Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansana Mo

17. INFORMANT Louis Dodd (ADDRESS) Lansana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 7/27

19. UNDERTAKER J. H. Kelly (ADDRESS) Lansana Mo

20. FILED 7-26-34 J. H. Kelly Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-34
22. I HEREBY CERTIFY, That I attended deceased from 7-20-34 to 7-25-34
I last saw her alive on 7-23-34. Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

Illis Ectitis
119B
1174
Other contributory causes of importance: marasmus
Date of onset 1 week

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) J. H. Meller M. D.
(Address) Lansana Mo

