

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.

AUG 23 1935

1. PLACE OF DEATH

County Jefferson
Township Waller
City Forest

Registration District No. 420
Primary Registration District No. 5574

File No. 29804-10
Registered No. 64-73
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 76 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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary C. Dodson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9-1858</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>2</u>
	DAYS <u>4</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>Retired Farmer</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 193522. I HEREBY CERTIFY, That I attended deceased from July 17 1934, to Aug 13 1935

I last saw him alive on Aug 11 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

chronic nephritis
Date of onset

131 1/2 1/2
131

Other contributory causes of importance

Hypertrophy of heart

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? 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) David Ford, M. D.(Address) 2626 Walnut St. St. Louis, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson</u>
	13. NAME <u>James Dodson</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	15. MAIDEN NAME <u>Mary Bowers</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	17. INFORMANT (ADDRESS) <u>Gertrude J. Dodson 2626 Walnut St. St. Louis, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mammoth</u> DATE <u>Aug 15</u> 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>Motherhead 2626 Walnut St. St. Louis, Mo.</u>	
20. FILED <u>8/15</u> 19 <u>35</u> <u>St. Louis, Mo.</u> Registrar	

