

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

Do not use this space.

NOV 13 1934

36202

1. PLACE OF DEATH

County Jackson Registration District No. 29
 Township Kew Primary Registration District No. 1
 City Kansas City (No. Trinity, Lutheran Hospital) St. Mo. Ward

File No.
 Registered No. 36202
 St. Mo. Ward

2. FULL NAME Hannah Callaher Dod

(a) Residence, No. 6115 Harrison St. St. Mo. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 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) Oct, 27th, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 11 26

OCCUPATION
 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) Greenwood (STATE OR COUNTRY) MO.

MOTHER FATHER
 13. NAME Dr. F. L. Dod

14. BIRTHPLACE (CITY OR TOWN) Jacksonville (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Alpa Jane Jackson

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Dr. F. L. Dod (ADDRESS) 6115 Harrison St.

18. BURIAL, CREMATION OR REMOVAL PLACE Floral Hill DATE Oct. 25 19 34

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 104 West 42nd Street

20. FILED 10/24 19 34 M. M. Kerome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/23/34 19 34

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 19 34 to Oct 23 19 34
 I last saw her alive on Oct 23 19 34 Death is said to have occurred on the date stated above, at 12 A. M.
 The principal cause of death and related causes of importance were as follows:

encephalitis, met. epidemic and myelitic 1 mo. secondary to 78A. 81
 Other contributory causes of importance: congenital dilatation of the aorta
 Date of onset from birth

Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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 none
 (Signed) M. M. Kerome M. D.
 (Address) Trinity Lutheran Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

