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.

81
3
2

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

DEC 19 1934

Do not use this space.

1. PLACE OF DEATH
County Phelps
Township ~~St. James~~
City St. James (No. ..... St. ..... Ward)

Registration District No. 678
Primary Registration District No. 4404

File No. 40327
Registered No. .....

2. FULL NAME Dosia Estella 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 15 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dennis Dodd.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 – 1888

7. AGE YEARS 46 — MONTHS 3 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

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. House wife
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) Crawford Co Mo

FATHER
13. NAME T. A. Gunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Mo.

MOTHER
15. MAIDEN NAME Clara Beezley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

17. INFORMANT (ADDRESS) Mrs Clara Gunter St James Mo R-1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Asher Cemetery DATE Dec 2 – 1934

19. UNDERTAKER (ADDRESS) Jonas End New Eyck St James Mo

20. FILED Dec 1 1934 Henry F. Nolters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 – 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934, to Nov 30, 1934
I last saw her alive on Nov 30, 1934. Death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomache

46B

Date of onset

Other contributory causes of importance:

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) C H Hulbert Jr, M. D.
(Address) St James Mo