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

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

APR 2 1935

Do not use this space.

11784

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 6
City Kirksville (No. , St. Ward)

2. FULL NAME George W. Dodson
(a) Residence, No. 1220 E. Patterson St., Ward.
(Usual place of abode) (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1846
7. AGE: YEARS 89 — MONTHS 3 — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Missouri

FATHER
13. NAME James Dodson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Canatsy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) James Dodson 1220 E. Patterson
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Park DATE 4/4/35, 19
19. UNDERTAKER (ADDRESS) Davis & Wilson Kirksville
20. FILED Apr. 3, 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 1935
22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1930, to Apr 2, 1935
I last saw him alive on Apr 1, 1935. Death is said to have occurred on the date stated above, at 8.45 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy. — Date of onset
Other contributory causes of importance: ✓
822.1
Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no
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?
If so, specify
(Signed) John F. Dodson, M. D.
(Address) Kirksville Mo

APR 25 1949