

NOV 25 1935

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

Do not use this space.

36642

1. PLACE OF DEATH

County Madison
Township Zipta
City _____ (No. _____) St. _____ Ward _____

Registration District No. 526
Primary Registration District No. 5700

File No. _____
Registered No. _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Dodson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 6 15

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

13. NAME George R Dodson

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

15. MAIDEN NAME Louise Daniels

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

17. INFORMANT (ADDRESS) G. R. Dodson
Zaplata Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Zaplata DATE Nov 13 1935

19. UNDERTAKER (ADDRESS) D. J. Christie
Zaplata Mo

20. FILED Nov. 25 1935 A. L. Carnbr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1935, to Nov 10 1935

I last saw him alive on Nov 10 1935. Death is said to have occurred on the date stated above, at 2 P.M.

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

Uremic Poisoning

Date of onset

Other contributory causes of importance:

Chronic Nephritis
Cystic Calculi

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? _____ Date of injury _____ 1935

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) H. O. Newton, M. D.

(Address) Zaplata Mo

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.

1870

James M. ...

1870

James M. ...

1870

James M. ...

1870

James M. ...