

JAN 23 1936

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

Do not use this space.

39546

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas (No. 1412 Troost)

Registration District No. 399  
Primary Registration District No. 1002

File No. 39546  
Registered No. 39546 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Estella Dodson

(a) Residence, No. 1412 Troost 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Perry J. Dodson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug. 20, 1877</b>		
7. AGE YEARS <b>58</b>	MONTHS <b>3</b>	DAYS <b>15</b>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)

13. NAME Nathan Baldwin

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

15. MAIDEN NAME Margarite Rudd

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

17. INFORMANT Perry J. Dodson  
(ADDRESS) 1412 Troost

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Parson Ka. DATE 12, 11, 1935

19. UNDERTAKER Peter B. Lapetina  
(ADDRESS)

20. FILED Dec 10 1935 M. M. Corone  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Nov. 7 1935  
I last saw her alive on Nov. 5 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus unknown  
anemia Nov. 2-35

Name of operation Lapostol Date of June 1935  
What test confirmed diagnosis? Chemical 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 \_\_\_\_\_, 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 Carcinoma of uterus  
(Signed) 1010 Perry Street \_\_\_\_\_, M. D.  
(Address) 1010 Perry Street  
1002 no.

WHITE PAPER, 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.

