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.

MAR 21 1936

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

Do not use this space.

5864

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 667
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. K C Gen Hosp St. Ward)

2. FULL NAME Lucy Dodson
(a) Residence, No. 1815 Hardesty Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1880
7. AGE YEARS 55 MONTHS 3 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas

FATHER
13. NAME H. B. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Evelyn Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Record Clerk
(ADDRESS) K C Gen Hosp KC Mo
18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE K. C. Kansas DATE 2/8 1936
19. UNDERTAKER Peter B. Lakeline
(ADDRESS) 538 Campbell
20. FILED 2-8 1936 M. M. Crow, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1936 to 2-7, 1936
I last saw her alive on 2-7, 1936 Death is said to have occurred on the date stated above, at 5:20 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, Intestinal obstruction	

Other contributory causes of importance: 23
Peritonitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
(Signed) J. H. Jennett, M.D. (Sgd), M. D.
(Address) Supt K C Gen Hosp KC Mo