

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.

5958

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City, Mo. (No. 4306 Summit)

File No. 151017  
Registered No. 771  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John C. Dodds

(a) Residence, No. 4306 Summit 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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Letitia Dodds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 7 28

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) Pennsylvania

13. NAME Robert J. Dodds

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

15. MAIDEN NAME Amanda Cannon

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

17. INFORMANT D. M. Dodds  
(ADDRESS) 724 W. 44th Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 14 1936

19. UNDERTAKER B. V. Lindsey & Sons  
(ADDRESS) 3811 Broadway

20. FILED 7/13 1936 H. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1936, to Feb. 13 1936

I last saw ~~him~~ alive on Feb. 13, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:20 A. M.

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

Cerebral Thrombosis  
J. L.

Other contributory causes of importance:

Sensility + Anemia

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 \_\_\_\_\_, 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 \_\_\_\_\_  
(Signed) B. E. Byrne, M. D.  
(Address) 3400 James Blvd

Date of onset

