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.

MAY 19 1936

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

Do not use this space.

14320

File No.
Registered No. 136

1. PLACE OF DEATH

County Calloway
Township
City Fulton (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME Isaac Dotson

(a) Residence, No. State Hospital #1 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. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	colored.	single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60+			

OCCUPATION

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

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) From Jackson County.

FATHER

13. NAME DK.

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

MOTHER

15. MAIDEN NAME DK.

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

17. INFORMANT Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Anatomical Board
PLACE Columbia Mo. DATE — 1936

19. UNDERTAKER J. O. Roberts
(ADDRESS) Columbia Mo

20. FILED Apr 25 1936 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26 1935, to April 24 1936

I last saw h. alive on 4-24 1936. Death is said to have occurred on the date stated above, at 10 a m.

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

	Date of onset
Syphilis	
Tabo-Paresis	DK.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Spinal 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?
If so, specify

(Signed) Richard B. Bridgman Jr., M. D.
(Address) Fulton Mo.