

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.

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

Do not use this space.

1936

JUN 13 1936

1. PLACE OF DEATH

County Jefferson Registration District No. 397
Township 1st Primary Registration District No. 1002
City Hannibal, Mo. (No. 3174 Benton) St. _____ Ward _____

File No. _____
Registered No. 2022
St. _____ Ward _____

2. FULL NAME

Laura E. Dodge
(a) Residence, No. 3174 Benton St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 Albert D. Dodge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 - 1864

7. AGE YEARS 71 MONTHS 8 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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) May 23 - 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Galena, Mo. (STATE OR COUNTRY) Ohio

13. NAME William Davis

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

15. MAIDEN NAME Sarah B. Pierce

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

17. INFORMANT Forest A. Soeler (ADDRESS) 3174 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Maus DATE June 1936

19. UNDERTAKER Lawrence Maus (ADDRESS) Lawrence Maus

20. FILED May 31 1936 H. W. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24 1936 to May 30 1936

I last saw her alive on May 30 1936 Death is said to have occurred on the date stated above, at 11:15 P.

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

Septicemia -
Shelton's bacilli b/c
ame - b/c of infl.
137

Date of onset 4/23/36

Other contributory causes of importance:

Cholecystitis - ch. Myocarditis
Arteriosclerosis
Ch. Saliv. gland hypert.

Name of operation none Date of _____
What test confirmed diagnosis? Micro 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 ✓ 1936

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) D. D. Cronin M. D.

(Address) 4800 E 24th St. H.C. Mo.

