

OCT 21 1936

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

Do not use this space.

33890

1. PLACE OF DEATH

County Cass
Township Big Creek
City Greenwood (No. _____ St. _____ Ward)

Registration District No. 157
Primary Registration District No. 5222

File No. _____
Registered No. 29

2. FULL NAME

William B. Dodge
(a) Residence, No. Greenwood Mo. St. R. #1 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 80 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 5 17

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. Farm

10. Date deceased last worked at this occupation (month and year) June 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N. Y.

13. NAME Clarke Dodge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo new york

15. MAIDEN NAME Ellen E. Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo new york

17. INFORMANT (ADDRESS) Annie Dodge Greenwood St. R. #1

18. BURIAL, CREMATION, OR REMOVAL Evergreen Cem. PLACE St. Louis DATE Sept 27 - 1936

19. UNDERTAKER (ADDRESS) W. E. Stewart Pleasant Hill, Mo.

20. FILED 9-26-1936 Mrs. Etta M. Aldridge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1936, to Sept 25, 1936

I last saw him alive on Sept 20, 1936. Death is said to have occurred on the date stated above, at 10:55 A.M.

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

Carcinoma of tongue metastatic to neck. Date of onset R

W. E. Stewart

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? L 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) F. V. Murray, M. D.

(Address) Pleasant Hill, Mo.

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.

