

DEC 4 1936

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

Do not use this space.

400627

1. PLACE OF DEATH

County ScottRegistration District No. 821Township RichlandPrimary Registration District No. 6070

City (No.) St.

File No.

Registered No.

2. FULL NAME

Rachel May Dodd

(a) Residence, No. 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

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

Infant

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

Oct. 11, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Infant.

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)

Scott Co. Mo.

13. NAME

Jesse Dodd

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

Marion Co. Alabama

15. MAIDEN NAME

Annie Dodd

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

Marion Co. Alabama

17. INFORMANT (ADDRESS)

Jesse Dodd Sikeston, Mo.

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carpenter Cemetery McMillin, Mo.DATE Oct. 20, 1936

19. UNDERTAKER (ADDRESS)

H. Jewell Sikeston, Mo.

20. FILED

Nov. 6, 1936H. W. Brunell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1936, to Oct 18, 1936I last saw him alive on Oct 18, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Chronic ulcerative Peptic Date of onset Oct 1, 36
malnutrition
Dehydration

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Chronic 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, 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) Harold W. Wrenn, M. D.(Address) M. Sikeston 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.

