

MAR 25 1937

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

Do not use this space.

13196

1. PLACE OF DEATH

County Ripley  
Township Pine  
City St. James

Registration District No. 750  
Primary Registration District No. 1433

File No. 14  
Registered No. 1438  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Halace Jason 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-30-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 3 2

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) Feb-27 11. Total time (years) spent in this occupation 11 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James

13. NAME John M. Dodd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) John M. Dodd

18. BURIAL, CREMATION, OR REMOVAL PLACE Gatewood DATE 3-23-1937

19. UNDERTAKER (ADDRESS) None

20. FILED 3-3- 1937 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb-28 1937 to March-2 1937

I last saw him alive on Feb-28 1937 Death is said to have occurred on the date stated above, at 11 P m.

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

Pulmonary Hemorrhage  
Diphtheria  
Other contributory causes of importance: 11 1/2

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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 \_\_\_\_\_, 1937

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) [Signature] M. D.

(Address) [Signature]

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.

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