MAY 7 1937

B- 18388

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

791
1003

Do not use this space.
14914

File No.
Registered No. 4410

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. City Hospital #1 St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME James Dodd

(a) Residence, No. 3745 Laclede St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	10	28	

OCCUPATION

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

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) Georgia

FATHER

13. NAME Thomas Dodd

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

MOTHER

15. MAIDEN NAME Elizabeth Nash

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

17. INFORMANT (ADDRESS) M. Williams City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 4-29-37

19. UNDERTAKER (ADDRESS) [illegible]

20. FILED APR 28 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/26/37, 19, to 4/3/37, 19
I last saw him alive on 4/3/37, 19. Death is said to have occurred on the date stated above, at 12:45 mA
The principal cause of death and related causes of importance were as follows:

Date of onset

Fibrosis of Myocardium
Nephritis Chr.
Hypertension

Other contributory causes of importance:

Syphilis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) [illegible] M. D.
(Address) City Hospital #1

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.