

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1937

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

Do not use this space.

17225

1. PLACE OF DEATH

County Pettis

Registration District No. 618

File No. 129

Township Sedalia

Primary Registration District No. 3032

Registered No. 648

City Sedalia (No. _____)

St. _____ Ward _____

2. FULL NAME Steve Richard Dotson

(a) Residence, No. 2013 South Ohio St. Ward _____

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 61 7

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

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) Marshall Mo

13. NAME Henry Esen Dotson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Mima Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Clipp Dotson (ADDRESS) 2013 South Ohio Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE April 22, 1937

19. UNDERTAKER Price Alexander (ADDRESS) 400 W. Cooper St.

20. FILED 4-21-37 Stan Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to April 19, 1937. I last saw him alive on April 14, 1937. Death is said to have occurred on the date stated above, at 1 P.M.. The principal cause of death and related causes of importance were as follows:

Chrom Endocarditis (Rheumatic) Date of onset no
Chrom Rheumatis 1 yr

Other contributory causes of importance: Chrom Rheumatis no
1 yr

Name of operation none Date of Mar
What test confirmed diagnosis? Chrom Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) Stan Slack M. D.
(Address) 400 W. Cooper St.

