

AUG - 5 1937

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

Do not use this space.

25745

1. PLACE OF DEATH HOMER G PHILLIPS HOSPITAL

County.....

Registration District No. 1000

Township.....

Primary Registration District No.

City St. Louis

(No. 2601)

N Whittier

File No.

Registered No. 6919

St. Ward)

2. FULL NAME Lottie Belle Dodd

(a) Residence, No. 3417 Hickory

St. 18 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

Col.

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1907

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

30

2

27

OCCUPATION

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

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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME George Dodd

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mildred Brown

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

17. INFORMANT Evelyn Williams (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 22, 1937

19. UNDERTAKER J. W. Hughes (ADDRESS) 2620 Lawton

20. FILED JUL 20 1937

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937 to July 17, 1937

I last saw her alive on July 17, 1937 Death is said

to have occurred on the date stated above, at 9:58 P. M.

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

Pellagra due to alcoholism and also error in diet

Date of onset 7/12/37

Other contributory causes of importance:

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, 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) A. L. Lewis, M. D.

(Address) 2601 N Whittier

Every item of information furnished on this certificate is subject to statistical review. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

