

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

Do not use this space.

36626

NOV 18 1937

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas (No. 89986)

Registration District No. 397
Primary Registration District No. 1002

File No. 1055
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Thomas Dodson
Blue Springs Mo. R.F.D.

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 - 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1937, to Sept 4, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1882

I last saw him alive on Sept 3, 1937. Death is said to have occurred on the date stated above, at 1:55 a.m.

7. AGE YEARS 54 MONTHS 10 DAYS 25 IF LESS than 1 day, _____ hrs. or _____ min.

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

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. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
abscess, Prostate Hemorrhoid, strangulated thrombosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

Name of operation Hemorrhoidectomy Date of Aug 27 1937

13. NAME Henry Dodson

What test confirmed diagnosis? Blood cul. Was there an autopsy? yes

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

15. MAIDEN NAME Naoma Leap

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

17. INFORMANT Henry Dodson (ADDRESS) Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE Sept 6 37

19. UNDERTAKER (ADDRESS) R B Webb Blue Springs Mo

20. FILED Oct 9 1937 H. M. Crowe Registrar.

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? no If so, specify _____ (Signed) Fredrick B Campbell, M. D. (Address) 1210 Prof. Bldg

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

Manassah, Mo.

