

JAN 21 1938

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

Do not use this space.

46235

1. PLACE OF DEATH

County *Chago*

Registration District No. *639*

Township

Primary Registration District No. *5848*

City *Chambers mo* (No. *4383*)

St. Ward

2. FULL NAME

Edgar Alexander Dodds

(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. *30* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 24-1866*

7. AGE YEARS *71* MONTHS *2* DAYS *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
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) *Morrison, Mo.* (STATE OR COUNTRY)

13. NAME *John B. Dodds*

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

15. MAIDEN NAME *Susan J. Thompson*

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

17. INFORMANT *B. Dodds* (ADDRESS) *1921 Central Ave. St. Louis, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Oak Cemetery* DATE *Dec 10 1937*

19. UNDERTAKER *Wm. T. Stocksick* (ADDRESS) *Chambers mo*

20. FILED *Dec 9 1937* *Eather Sander* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 8 1937*

22. I HEREBY CERTIFY, That I attended deceased from *12-11-36*, 1936, to *12-7*, 1937

I last saw him alive on *12-7*, 1937. Death is said to have occurred on the date stated above, at *8-5 a.m.*

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

Essential Hypertension
Chronic Pulmonary Edema
Coronary Atherosclerosis

Other contributory causes of importance:
Chronic Carditis

Name of operation *None* Date of

What test confirmed diagnosis *Autopsy* 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 *None*
(Signed) *Wm. H. Kelly M.D.* (Address)

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.

