

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

Do not use this space.

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1840

1. PLACE OF DEATH

County Adair
Township _____
City Kirksville (No. _____)

Registration District No. 43001
Primary Registration District No. _____

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME Elizabeth Dodson 325

(a) Residence, No. 307 W. Normal St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
80 8 28

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

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) Adair County Missouri

13. NAME James Clemons

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

15. MAIDEN NAME Mary Anne Rogers

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

17. INFORMANT (ADDRESS) Charles E. Smith
2100 W. Main St. Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek **DATE** 4/7/38

19. UNDERTAKER (ADDRESS) Davis Funeral Home
Kirksville, Mo.

20. FILED Jan 18, 1938 Spencer L. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 4 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dead on arrival, 1938

I last saw him alive on _____, 1938 Death is said

to have occurred on the date stated above, at home not known

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

Coronary occlusion Date of onset _____

Other contributory causes of importance:

Arteriosclerosis

RECEIVED

Name of operation _____ Date of _____

(What test confirmed diagnosis?) _____ Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:

Accident no Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

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Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. D. David, M.D. Colonel

(Address) Kirksville, Mo.

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.

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