

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

REC'D APR 20 1938

1. PLACE OF DEATH
 55 County Lawrence Registration District No. 470
 Township St. Damon Primary Registration District No. 15-633
 City St. Lawrence (No. Missouri State San) St. _____ Ward _____

2. FULL NAME Ethel Dodd 300
 (a) Residence, No. _____ St. _____ Ward Walnut Grove Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 11287
 Registered No. 26

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 31, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>26</u>	<u>11</u>	<u>26</u>	

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) Nov. 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Missouri

FATHER

13. NAME Denny Crain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

MOTHER

15. MAIDEN NAME Mary Crain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

17. INFORMANT Emmanuel Reid Eth (ADDRESS) St. State San

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE March 6, 1938

19. UNDERTAKER Brim Funeral Home (ADDRESS) Walnut Grove Mo

20. FILED Mar 6, 1938 J. C. Hulme Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1936 to Mar 5 1938
 I last saw her alive on Mar 5 1938 Death is said to have occurred on the date stated above, at 8:45 p.m. 3:50-AM
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset Nov, 1935

Other contributory causes of importance:
tuberculous enteritis 1937
tuberculous laryngitis 1938

Name of operation none Date of _____
 What test confirmed diagnosis? specimen 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? no
 If so, specify _____
 (Signed) J. P. Stock M. D.
 (Address) Lawrence Mo

