

REC'D MAY 25 1938

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

Do not use this space.

16095

1. PLACE OF DEATH

County Vernon
Township Lake
City (No.) St. Ward)

Registration District No. 876
Primary Registration District No. 6164

File No.
Registered No.

2. FULL NAME

Ellie A. Dodd

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 15 1851</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>5</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22 1938
22. I HEREBY CERTIFY That I attended deceased from April 22 - 1938 to April 22 - 1938
I last saw her alive on April 22 - 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Other contributory causes of importance:
Arterio Sclerosis

Name of operation None Date of
What test confirmed diagnosis Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) E. P. Dodd, M. D.
(Address) Newada, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph, Mo.</u>
	13. NAME <u>Luphath Dodd</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Sarah Stevens</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT <u>M. P. Dodd</u> (ADDRESS) <u>Wagoners</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walton Cemetery</u> DATE <u>April 24 1938</u>	
19. UNDERTAKER <u>Allen & Deane</u> (ADDRESS) <u>Newada, Mo.</u>	
20. FILED <u>Apr. 26 1938</u> <u>Silken Field</u> Registrar.	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGED should be stated EXACTLY. PHYSICIANS should state

