

DEG'D JUL 20 1938

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

22112
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 212 N Joplin _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN THOMAS DODSON 325
 (a) Residence, No. 212 N. Joplin St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 5
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MCH. 5 - 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 2 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CARPENTER
 9. Industry or business in which work was done, as saw mill, bank, etc. PATTERNMAKER
 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) 6-3- 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938 to June 2, 1938
 I last saw him live on June 2, 1938 Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:

Hypertensive
& Senility
 Date of onset _____
 Other contributory causes of importance: 162

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HENRY CO. MISSOURI

FATHER 13. NAME WM DODSON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

MOTHER 15. MAIDEN NAME SARAH PHARIS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) HARRY C DODSON
Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. HOPE DATE 6/6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) PERRY K. HURLBUT
Joplin Mo

20. FILED 6-4-38 Ed A James Local Registrar. 375

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) W. H. Brown, Chief, M. D.
Joplin Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Steve Parker

Licensed Embalmer No. *25148*

P. O. Address *Josephine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.