

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.

REC'D JUL 7

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

Do not use this space.

22688

1. PLACE OF DEATH
County Platte Registration District No. 692
Township Brown Primary Registration District No. 5919B
City (No. _____) _____ State _____ Ward _____

2. FULL NAME Dewey Dodge
(a) Residence, No. _____ Street _____ 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known 1898

7. AGE YEARS 40 MONTHS Not known DAYS Not known If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Not known 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walt. Co. Missouri

MOTHER FATHER
13. NAME Thomas Dodge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Miriam Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) C. F. Dodge, 512. Seventh St. De. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerborn Mo. DATE June 21 1938

19. UNDERTAKER (ADDRESS) Lucian Davis, Deerborn Mo.

20. FILED June 21 1938 M. H. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Deerborn Mo. 1938, to June 20, 1938. I last saw him alive on June 20 Deerborn Mo. 1938. Death in said town to have occurred on the date stated above, at 3:30 P. M. approx.

The principal cause of death and related causes of importance were as follows:
Was riding on a freight train of the Chicago & Great Western and must of fallen from a car at a distance of 7 1/2 miles west of Deerborn and mutilated very badly was in several pieces

Other contributory causes of importance:
Accident 2077

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 20 1938
Where did injury occur? on Ch. & G. W. tracks
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on the Chicago Great Western Ry
Manner of injury Train fell on body
Nature of injury cut up

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) Elmer H. Francis M. D.
(Address) Parkville Mo. Platte Co.

