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.

Dr Hardesty

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

Do not use this space.

AUG 25

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 25880

Township Mason — Primary Registration District No. 3029 — Registered No. 190

City Hannibal (No. 616, Sycamore St. Ward)

2. FULL NAME James Leroy Dotson

(a) Residence, No. 616 Sycamore St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Virginia Rebecca Dotson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18, 1860

7. AGE: YEARS 77 — MONTHS 6 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Powder Plant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lu Pont

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) Davis Co., Iowa

FATHER

13. NAME Phillip Dotson

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

MOTHER

15. MAIDEN NAME Rose Anna Dotson

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

17. INFORMANT (ADDRESS) Virginia Rebecca Dotson, 616 Sycamore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Clark DATE July 1, 1938

19. UNDERTAKER (ADDRESS) Wm. M. Smith, 902 Broadway

20. FILED July 6, 1938 W. C. Fisher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19-37, 19..., to June 29, 1938

I last saw him alive on June 28, 1938. Death is said to have occurred on the date stated above, at 2.05 A.M.

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

Carcinoma Stomach — Date of onset 1936

Other contributory causes of importance: Senility

Name of operation no — Date of

What test confirmed diagnosis? clinical — 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) S. W. Hardesty, M. D.

(Address) Hannibal Mo