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 FEB 20 1939

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

Do not use this space.

1113

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kew — Primary Registration District No. 1002

City Kansas City, Mo. (No. 4213 Indep. Ave. St. Ward)

File No.

Registered No. 126

2. FULL NAME Minnie E. Dodge

(a) Residence, No. 4213 Indep. Ave. 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: Female

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: Allen Dodge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/1/1861

7. AGE: YEARS 78 — MONTHS 0 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

FATHER

13. NAME: No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER

15. MAIDEN NAME: No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Vernon N. Dodge, 2304 Askew

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Washington DATE 1/12/39 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home, 6606 Indep. Ave.

20. FILED Jan 11 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-10-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... 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:

Lobar Pneumonia 108

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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?

If so, specify

(Signed) [signature], M. D.

(Address) Gen Hosp, K.C. Mo.