REC'D MAY 18 1939

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

14719
Do not use this space.

1. PLACE OF DEATH
(a) County Dade — Registration District No. 235
(b) Township Polk — Primary Registration District No. 5322 — Registered No. 3
(c) City ~~Walnut Grove~~ R1 — (d) Street No. ..... 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. 1 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Simon Gordon Dodd
(a) Residence, No. Ventura, California St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Alice Edmonson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 12, 1888
7. AGE: YEARS 50 — MONTHS 8 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Oil Field Worker
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): Greene Co. Mo.

FATHER
13. NAME: S.P. Dodd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER
15. MAIDEN NAME: Tryphenia Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Mrs. S. G. Dodd, Walnut Grove, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Mt. Pleasant Cemetery, Date 5*- 7, 1939
19. FUNERAL DIRECTOR (ADDRESS): Brim Funeral Service, Ash Grove Mo.
20. FILED May 11, 1939 Morris Miller, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 6 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from On May 2nd., 1939. to Only, 19
I last saw him alive on May 2nd., 1939, Death is said to have occurred on the date stated above, at 3:30 a.m
The principal cause of death and related causes of importance were as follows:

Paralysis in 1937 — Date of onset

Other contributory causes of importance:
Paralysis of Throat, and Face on May 2nd. 1939.

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? ..... 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) J. J. Barber, M. D.
(Address) Walnut Grove, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

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RECEIVED
District Health Officer No. 6,
District File Number 6-5-39-1129
Date Filed MAY 15 1939

STATEMENT BY LICENSED EMBALMER

I, Geneva Bass, Licensed Embalmer No. 2664

hereby certify that the body recorded on the reverse side of this certificate was embalmed by James N. Bass

L. E.

No. 3856 or by W. N. Davis, Registered Apprentice No. E754

working under my personal supervision.

Signed Geneva Bass

Licensed Embalmer No. 2664

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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14719
Do not use this space.

1. PLACE OF DEATH
(a) County: Dade — Registration District No.: 235-
(b) Township: Polk — Primary Registration District No.: 6322 — Registered No.: 3
(c) City: ... (d) Street No.: ... 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: Simon Gordon Dodd
(a) Residence, No. ... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE: Years 50 — Months 8 — Days 24 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ..., 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..., 19.. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19.. I last saw him alive on ..., 19.. Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	1937
Diphtheritic Carditis	
Other contributory causes of importance: Paralysis of throat and face on May 2 1939	

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? ... 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) J. J. Barber, M. D.
(Address) Walnut Grove Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.