

JUL 18 1939

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

22848
Do not use this space.

1. PLACE OF DEATH

(a) County Oregon Registration District No. 632
(b) Township Thayer Primary Registration District No. 7382
(c) City Thayer (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Betty Lee Dodson
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 8 28
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) Detroit, Michigan
13. NAME John Dodson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Couch, Mo.
15. MAIDEN NAME Marian Cronin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit, Mich.
17. INFORMANT (ADDRESS) Mrs. John Dodson, Couch
18. BURIAL, CREMATION, OR REMOVAL PLACE Cotton Creek DATE 6/18 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Carr, Thayer, Mo.
20. FILED 6-18 1939 George Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 12, 1939 to June 16, 1939
I last saw him alive on June 16, 1939 Death is said to have occurred on the date stated above, at 11:45 P. M.
The principal cause of death and related causes of importance were as follows:
Bacillary Dysentery
Date of onset 6-9-39
Other contributory causes of importance: 12 hr
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) W. Carr _____, M. D.
Thayer Mo.
512 (Address) Couch

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.

WHITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X16665

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.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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