AUG 16 1939

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

24886
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew 2 1 Registration District No. 9
(b) Township Benton Primary Registration District No. 4006 Registered No.
(c) City Bolckow Mo (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 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 Ralph Clinton Dodds
(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 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 Margaret I Dodds
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1870
7. AGE 68 YEARS 68 MONTHS 8 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
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) Virginia Illinois

FATHER
13. NAME Dr. Alfred S. Dodds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Illinois

MOTHER
15. MAIDEN NAME Margaret Cunningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia Illinois

17. INFORMANT (ADDRESS) Irene Dodds Wood Bolckow Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bolckow Cemetery DATE July 12 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home Maryville Mo
20. FILED July 12 1939 W B Wood Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939, to July 10 1939
I last saw him alive on July 6 1939. Death is said to have occurred on the date stated above, at 3:45 P.m.
The principal cause of death and related causes of importance were as follows:

Aortic regurgitation
died suddenly

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) W Logan Wood M. D.
(Address) Bolckow Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 44
District File Number 839-1048
Date Filed AUG 11 1939

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, E. W. Dean Campbell, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed E. W. Dean Campbell

Licensed Embalmer No. 56 50

P. O. Address Maryville Mo.

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.