

REC'D SEP 8 1939

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

29968  
Do not use this space.

1. PLACE OF DEATH *PLATTE* <sup>2</sup> Registration District No. *693*  
 (a) County *PLATTE* 1  
 (b) Township *EDGERTON* Primary Registration District No. *475*  
 (c) City *EDGERTON* (d) Street No. \_\_\_\_\_ St.  
 (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 *DAVID HALL 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 *MALE* 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 *MARY ALICE NEWMAN*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12/3/61*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*77 7 5*  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Carpenter & Painter*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *Cerebral Hemorrhage*  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 8*, 19*39*  
 22. I HEREBY CERTIFY That I attended deceased from *Feb. 14*, 19*37*, to *July 8*, 19*39*  
 I last saw him alive on *July 7*, 19*39* Death is said to have occurred on the date stated above, at *5:45 a. m.*  
 The principal cause of death and related causes of importance were as follows:  
*Cerebral Hemorrhage* Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 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) *Walter S. Wood*, M. D.  
 (Address) *Edgerton Mo.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clinton County Missouri*  
 13. NAME *David Drake Dodson*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*  
 15. MAIDEN NAME *Lucinda Gurin*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Yukon*  
 17. INFORMANT (ADDRESS) *Miss Edna Dodson Edgerton, Mo.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Zion Cem.* DATE *7/9/39*  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Turan Bellins Paul Edgerton, Mo.*  
 20. FILED *9/5*, 19*39* *Sprian R. Hoal* Local Registrar.

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. 111

District No. 939-1136

Date SEP 7 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, or by.....

*Virian Gallins Fash*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Virian Gallins Fash*

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.