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.

FILLED JUN 13 1941

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

Do not use this space.

1886692

1. PLACE OF DEATH
County ST. CHARLES — Registration District No. 160 B — File No.
Township BARDENNE — Primary Registration District No. 6001 — Registered No. 140
~~City~~ (No. 1 St. Ward)

2. FULL NAME MRS. ESTHER DODGE
(a) Residence, No. O'FALLON ROUTE 1 Ward. 0
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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 PERRY DODGE DEC'D

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
94	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK
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) MICHIGAN

FATHER
13. NAME REYNNELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

MOTHER
15. MAIDEN NAME NOT KNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT (ADDRESS) PERRY DODGE O'FALLON MO.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE BARDENNE MO. DATE JUNE 4 1941

19. UNDERTAKER (ADDRESS) E. A. Keithly O'Fallon Mo.

20. FILED June 3, 1941 E. A. Keithly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1938, to June 2, 1941
I last saw her alive on May 30, 1941. Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular disease	10 yrs.

Other contributory causes of importance: Age

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) Nicholas J. Honich, M. D.
(Address) O'Fallon, Mo.