

FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1567

State File No.

Registrar's No. 6

Registration District No. 19

Primary Registration District No. 4556

1. PLACE OF DEATH

(a) County Atchison
(b) City or town Phelps City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years
(Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT FULL NAME William Jackson Dotson

3. (b) If veteran, name war ✓ 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Violet Dotson 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan 31 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 5 If less than one day
..... hr. min.

9. Birthplace Green County, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Labour

11. Industry or business ✓

MOTHER FATHER
12. Name Isaac Brown Dotson
13. Birthplace Green County, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Brown
15. Birthplace Green County, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Violet Dotson
(b) Address Phelps City, Mo.

17. (a) Burial (b) Date thereof: Feb. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock port, Mo.

18. (a) Signature of funeral director C. G. Clifton
(b) Address Rock port, Mo.

19. (a) February 6, 1942 (b) William J. Dotson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 3
(c) City or town 9
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1939
19. to Feb 5 1942

that I last saw him alive on Feb 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of spleen
4 yrs

Due to Atherosclerosis
10 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 13/a
Of operations

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury 0
23. Signature W. J. Davis (M. D. or other)

Duration
4 yrs
10 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STANDARD CERTIFICATE OF DEATH

State File No. 1567
Registrar's No. _____

Registration District No. 19 Primary Registration District No. 4556

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Phelps City
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME William J. Watson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 31 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months - Days _____ (If less than one day _____ min.)

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) February 6, (b) Ruth James Anthon
(Date received local registrar) (Registrar's signature)
1948

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison
(c) City or town Phelps City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb Day _____
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____
to _____, 19____
that I last saw him/her _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-1567