

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 very important.

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

Do not use this space.

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## 1. PLACE OF DEATH

24 County Clay  
Township Liberty  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 201  
Primary Registration District No. 5280

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Rahert Lewis Dodd  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 3 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Clay Co. Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Jesse E. Dodd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Key, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bulah May Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty Mo.  
(STATE OR COUNTRY)

14. INFORMANT J. E. Dodd  
(Address) Liberty Mo.

15. FILED 7/10/31 W. H. Garrison REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1930, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Jan 3, 1930, and that death occurred, on the date stated above, at 7:00 A. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature birth  
caused by too much  
riding in an automobile.  
189 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

159 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Garrison, M. D.

, 19\_\_\_\_ (Address) Liberty Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Liberty Mo. 1-3 1931

20. UNDERTAKER

ADDRESS

Church-Arche Liberty Mo.

