

JUN 2 1 1937

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

Do not use this space.

20170

1. PLACE OF DEATH
 4 County Holmes Registration District No. 349
 Township Primary Registration District No. 4207
 City Calhoun (No.) St. Ward)
 2. FULL NAME Sarah E. Dodson
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 75 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 6 1
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 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) Pennsylvania
 FATHER
 13. NAME Isaac Phil.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 MOTHER
 15. MAIDEN NAME Catharine Baker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 17. INFORMANT (ADDRESS) Frattier Dodson
Calhoun Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE April 17, 1937
 19. UNDERTAKER (ADDRESS) J. A. Houser
Calhoun Mo.
 20. FILED 4-17 1937 Mrs. A. A. Guss
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936, to Apr 17, 1937
 I last saw him alive on April 16, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Disease of the Heart Date of onset Not known
 Other contributory causes of importance: Fracture of the neck of the femur
 Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. C. Ireland M. D.
 (Address) Calhoun Mo.

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