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

Do not use this space.

18688

JUL 21 1930

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 718

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph, (No. 1920 Savannah, Avenue St. Ward)

2. FULL NAME Virginia A. Dodson,

(a) Residence. No. 1920 Savannah Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Dodson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 2nd. 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	85	10	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Virginia,

PARENTS

10. NAME OF FATHER Unknown,

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

12. MAIDEN NAME OF MOTHER Lucy Smith,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Virginia.

14. INFORMANT Chas H. Dodson (Address) 1920 Savannah Ave

15. FILED JUN 23 1930 19 John G. [illegible] REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/10/30, 19, to 6/10/30, 19, that I last saw h alive on 6/10/30, 19, and that death occurred, on the date stated above, at 7:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis with decompensation

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio schrosis

(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) [illegible], M. D.

6/23, 1930 (Address) 301 N 8 St Joseph 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
Ashland Cemetery	June 23 1930
20. UNDERTAKER	ADDRESS
Heaton Belsale & Bowman	319 S. 10 St.

Funeral Home

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.