MAR 24 1931

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

Do not use this space.

4863
93

**1. PLACE OF DEATH**

County Cedar, Registration District No. 164

Township ~~Benton~~ Primary Registration District No. 5229

City (No. , St. Ward)

File No.

Registered No.

**2. FULL NAME** John Petete Dodd,

(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 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) |
|---|---|---|
| Male | White | Widowed, |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Dodd,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 26, 1845

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 85 | 8 | 22 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer) Retired,
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Idianopolois
(STATE OR COUNTRY) Ind Hendrix Co,

PARENTS

10. NAME OF FATHER Eliga Dodd,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind,
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rachel Zidacher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind,

14. INFORMANT T I Dodd,
(Address) Jerico Spgs Mo,

15. FILED 3-9 1931. F. M. Davis
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb ,18,31, 19

17. I HEREBY CERTIFY, That I attended deceased from Feb -9th, 1931, to Feb -18-, 1931, that I last saw him alive on Feb -16- 1931 and that death occurred, on the date stated above, at 10, 40 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Degeneration
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) 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? clinical
(Signed) J W Dawson, M. D.
2-21-, 1931 (Address) El Dorado Spgs 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 |
|---|---|
| Brashier Cemetery, | 2,19, 1931, |
| **20. UNDERTAKER** | **ADDRESS** |
| O P Mitchell , | Jerico Spgs |

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.