WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 28 1931

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

Do not use this space.

33941

1. PLACE OF DEATH
County CLINTON — Registration District No. 206 — File No.
Township — Primary Registration District No. 4124 — Registered No. 24
City LATHROP. (No. , St. Ward)

2. FULL NAME James Thornton Dodson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rebbeca A. DODSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT. 13, 1852
7. AGE: YEARS 79 — MONTHS 0 — DAYS 2. — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LABORER.
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): STARFIELD, MO.

FATHER
13. NAME: DAVID D. DODSON.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): FAYETTE MO.

MOTHER
15. MAIDEN NAME: LUCENDA GUINN.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN.

17. INFORMANT (ADDRESS): Robert A. Dodson, 315 W. Wilkins St St Joseph MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE LATHROP DATE 10-16, 1931
19. UNDERTAKER (ADDRESS): DeMoss CRUNK, LATHROP, MO.
20. FILED 10-16-1931 J. T. Kinsey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 15, 1931
22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1927 to Oct 15, 1931
I last saw him alive on Sept 30, 1931. Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease	1926
Mitral regurgitation	
& Hypertrophy	

Other contributory causes of importance:
92A
95B
92A

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. B. Dunkeson, M. D.
(Address) Lathrop.