

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

Do not use this space.

15942

1. PLACE OF DEATH

42 County Henry Registration District No. 347  
44 Township ..... Primary Registration District No. 3018  
7 City Clinton (No. .... St. .... Ward)

2. FULL NAME

James Columbus Dodson  
(a) Residence, No. 209 E. Main St., ..... Ward. (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 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 Marion G. Dodson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 82 2 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) 24  
11. Total time (years) spent in this occupation 29 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo.

13. NAME David Dodson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Harriet Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT J. M. Dodson  
(ADDRESS) Englewood

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/14

19. UNDERTAKER (ADDRESS) Spore & Son  
Clinton Mo.

20. FILED 5/13 1932 Ed C. Beecher  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/13 1932  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 12 1932 to 5/12 1932  
I last saw him alive on 5/12 1932 Death is said to have occurred on the date stated above, at 47 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 13/1  
13/1 950  
1110 ①

Other contributory causes of importance:  
① Chronic Nephritis  
② Acute glaucoma  
③ Pulmonary Edema

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) R. R. J. Hallingworth M. D.  
(Address) Clinton Mo.

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.

FORM 22 1932

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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