

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

Do not use this space.

4141

File No. \_\_\_\_\_  
Registered No. 24 Ward \_\_\_\_\_

MAR 24 1934

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
Township \_\_\_\_\_ Primary Registration District No. 3008  
City Fulton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. Hosp #1 Fulton Mo. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10- 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1933, to 2-10 1934

I last saw him alive on 2-10 1934 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

to have occurred on the date stated above, at 5:53 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 45 years

The principal cause of death and related causes of importance were as follows:

Apoplexy. Date of onset 2-5-34

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't Know

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) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Cerebral Arterio Sclerosis with Psychosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

13. NAME DK

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME DK

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?  Date of injury 2-10-34

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT Records

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE 2/12 1934

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER W. H. Reed

(ADDRESS) Columbia Mo

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

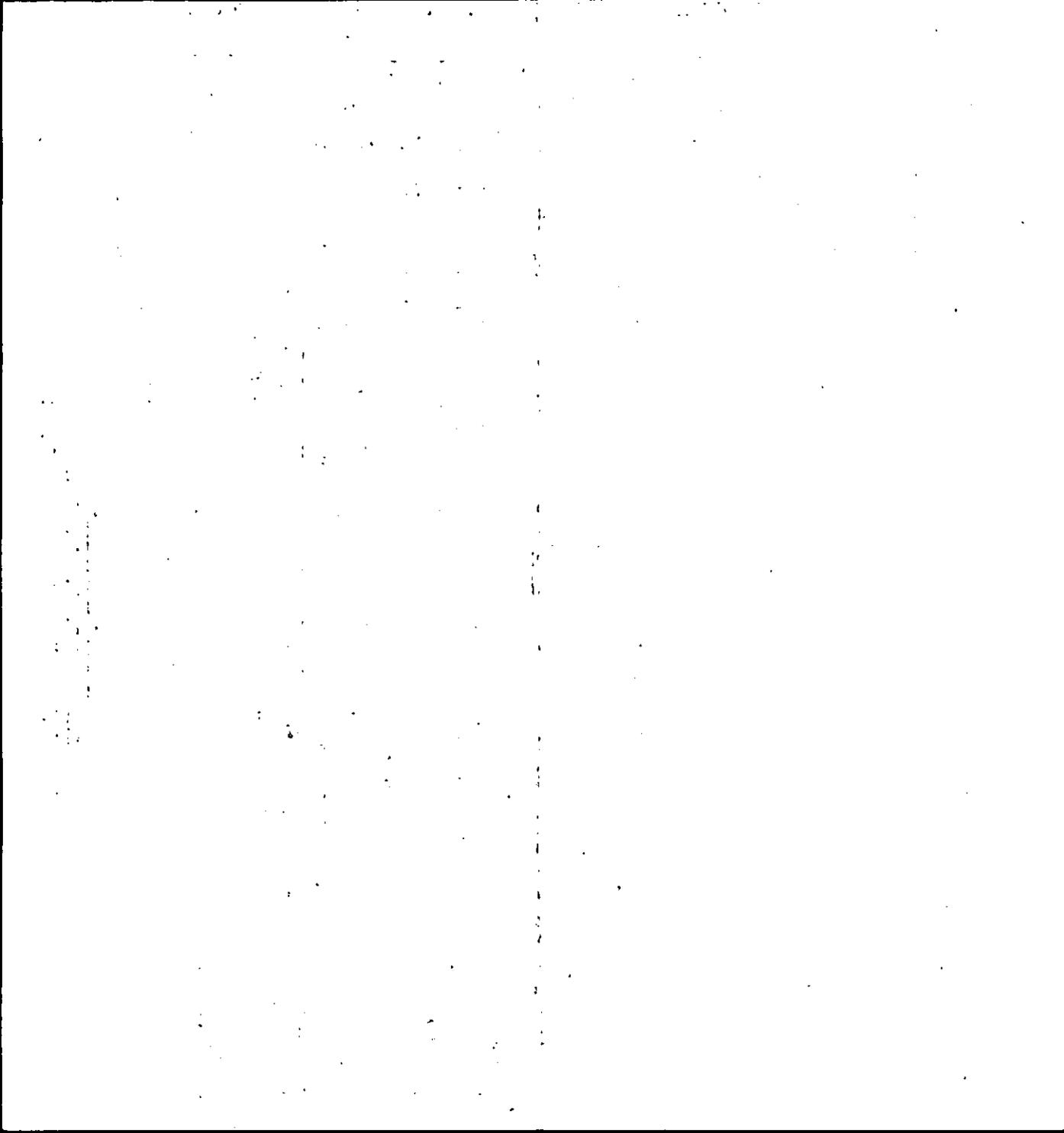
If so, specify \_\_\_\_\_

(Signed) R. B. Bridgeman, M. D.

(Address) Fulton Mo.

20. FILED Feb 12 1934 R. N. Creed Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

4141

**1. PLACE OF DEATH**

County Ollaway  
Township Leeton  
City Leeton (No. \_\_\_\_\_)

Registration District No. 104  
Primary Registration District No. 5008

File No. \_\_\_\_\_  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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.

*John Dodson*

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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.  
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)

MOTHER / FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. UNDERTAKER (ADDRESS)

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ (R. M. Crewe) Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*apoplexy Cerebral*

Other contributory causes of importance:

*Arterio Sclerosis*

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
Every item of information should be carefully checked. No statement of OCCUPATION is very important.

1517-S