

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

14794
 Do not use this space.

MAY 10 1938
 OF DEATH

County Howell Registration District No. 386
 Township Beaton Primary Registration District No. 5538 Registered No. _____
 City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Lola Dodson 32.5
 (a) Residence, No. Leota, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. L. Dodson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 19 1876</u>		
7. AGE <u>62</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>house</u>	
	9. Industry or business in which work was done, as 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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__		
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED _____ 19__ X _____ Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26 1938, to April 4 1938
 I last saw her alive on March 26 1938. Death is said to have occurred on the date stated above, at 6:30 m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of left breast
Intestinal obstruction - metastases to colon
 Date of onset _____

Other contributory causes of importance:
50

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? no

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. C. Bohrer, M. D.
West Plains, Mo. (Address)

WRITE PLAINLY, WITH DARKENING MATERIALS. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Josiah Registration District No. 386

(b) Township Benton Primary Registration District No. 3338

(c) City Benton (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Mrs Lola Dodson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. 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.
	<u>62</u>	<u>1</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hay

9. Industry or business in which work was done, as 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) unk

13. NAME unk

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

15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED June 20, 1938 Fannie B. Black Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from met 21 to april 4, 1938

I last saw her alive on March 26, 1938 Death is said to have occurred on the date stated above, at 6 P. m.

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

Coronary thrombosis of left heart
Intestinal obstruction
Hypertension of colon

Other contributory causes of importance:

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) E. G. Behrer, M. D.
(Address) West Plains, Mo

SUPPLEMENT

ALL INFORMATION ON THIS FORM IS TO BE KEPT IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
B. ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THE...

