

1 JUN 19 1935

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

Do not use this space.

15916

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1. PLACE OF DEATH

County Liberty
Township Liberty
City Liberty (No. _____)

Registration District No. 201
Primary Registration District No. 5280

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Beulah Mae Dodd.

(a) Residence, No. Liberty, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</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>Jesse Dodd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 9 - 1911</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>5</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Homemaker</u>	11. Total time (years) spent in this occupation <u>8</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2 mo</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Liberty, Mo.

MOTHER FATHER 13. NAME Robert Lewis Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Liberty, Mo.

MOTHER 15. MAIDEN NAME Georgia Shepherd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kansas City, Mo.

17. INFORMANT (ADDRESS)
Jesse Dodd, Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Liberty, Mo. 5/30/35

19. UNDERTAKER (ADDRESS)
Church of Christ Co, Liberty, Mo.

20. FILED 6/5 1935 ET Boyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935 to May 27, 1935. I last saw her alive on May 27, 1935. Death is said to have occurred on the date stated above, at 2 P.M.

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

Cerebral haemorrhage affecting area in 1) Resbellium

Date of onset May 12

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____
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) W. H. Goodson, M. D.
(Address) Liberty, 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.

