

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

Do not use this space.

17589

JUN 28 1935

**1. PLACE OF DEATH**

County St. Francois Registration District No. 775 File No. \_\_\_\_\_  
 Township Paris Primary Registration District No. 6020 Registered No. 30  
 City Rural (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Levin John Dodson

(a) Residence. No. Marquette St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 19 mos. 19 ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 9 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Marquette  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Alfred Dodson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marquette  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mabel Wigger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin Clay  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Father (Alfred Dodson)  
 (Address) Marquette Mo.

15. FILED 5-7 1935 N. W. Hawkin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1935

17. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1935, to May 4th, 1935 that I last saw him alive on May 4th, 1935, and that death occurred, on the date stated above, at 1:25 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.

CONTRIBUTORY Bronchial irritation  
 (SECONDARY) & Croupy!  
 (duration) \_\_\_\_\_ yrs. 3 mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_ NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination  
 (Signed) B. J. Maury M. D.  
 \_\_\_\_\_ (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Germania Cemetery DATE OF BURIAL May 7 - 1935

20. UNDERTAKER J. T. Ward ADDRESS Marquette 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.

