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

Do not use this space.

15300

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2180
Township Kaw — Primary Registration District No. 1002 — Registered No. 2180
City Kansas City (No. 4015 Terrace St. 7 Ward)

2. FULL NAME Edwin Hodgson
(a) Residence. No. 4015 Terrace St., 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie E. Hodgson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1871

7. AGE: Years 56 — Months — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

PARENTS
10. NAME OF FATHER: Herbert E. Hodgson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Dond Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England.

14. INFORMANT (Address): Jessie E Hodgson, 4015 Terrace.

15. FILED 5/26, 1927 M. M. Crowe, Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1927

17. I HEREBY CERTIFY, That I attended deceased from December, 1926, to May 24, 1927, that I last saw him alive on May 23, 1927, and that death occurred, on the date stated above, at 5:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Thrombosis
93 C
94 B
(duration) Few minutes yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis - arteriosclerosis
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? NOB
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes -
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edw. H. Hashinger, M. D
5/25, 1927 (Address) 1325 Rialto Bldg.

*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: Forest Hill — DATE OF BURIAL: 5/26/1927

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 3146 Main

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.

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

1325 Real to Bldg -
Train 11 45
2 to 4 -

Rosedale 1734 -
Bell memorial -