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

Do not use this space.

27237

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 3497

Township Kaw — Primary Registration District No. 1002 — Registered No. 3497

City Kansas City (No. K.C. General Hosp. St. ..... Ward)

2. FULL NAME Hodges William Joseph

(a) Residence. No. 2112 Troost St., 4 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-29-1921

7. AGE: Years 6 — Months 5 — Days 13 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

(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) Mo

PARENTS

10. NAME OF FATHER Wm. Hodges

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

12. MAIDEN NAME OF MOTHER Maud Martin

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

14. INFORMANT Record Clerk (Address) K.C. Genl Hosp.

15. FILED 9/12, 1927 M. M. Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-12 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-11, 1927, to 9-12, 1927, that I last saw ~~b~~ alive on 9-12, 1927, and that death occurred, on the date stated above, at 10:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastro-Enteritis

Acute Parenchymatous

130 Nephritis

120 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 114 B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) George C. Lee, M.D.

9-12, 1927 (Address) General Hosp. K.C. Mo

*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: Highland Park — DATE OF BURIAL: 9/13 1927

20. UNDERTAKER: O. V. Mast — ADDRESS: 1915 East 15

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.

THIS IS A PERMANENT RECORD