

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

Do not use this space.

29441

1. PLACE OF DEATH

County Andrain Registration District No. 2 3
 Township Sumner Primary Registration District No. 4017
 City Benton City Mo St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Mary-Annas Hodges

(a) Residence. No. _____ St. _____ Ward. _____
 (Usual place of abode) (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 Female 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 Maria W. Hodges

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-5-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 2 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Wife 82A
 (b) General nature of industry, business, or establishment in which employed (or employer) 97
 (c) Name of employer 13c

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

10. NAME OF FATHER James S. Watts

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

12. MAIDEN NAME OF MOTHER Sarah Bomer

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

14. INFORMANT G R Hodges
 (Address) Wendell Mo

15. FILED Oct 21, 1927 J J Johnson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19- 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 19 1927 to Oct 19 1927
 that I last saw her alive on Oct 19 1927 and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(second stroke)

CONTRIBUTORY (SECONDARY) Dissection - arterial degeneration

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. J. Farnison, M. D.
 , 19 no (Address) Mexico 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 Union Chapel Cem DATE OF BURIAL 10-21 1927

20. UNDERTAKER W A Pecht ADDRESS Mexico Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

12 1927

1907

1908

1909