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

Do not use this space.

5192

File No. 8-4

Registered No. 834

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No.
Primary Registration District No.
(No. St. Marys Hospital St. 3 Ward)

2. FULL NAME Birdie May Hodge
(a) Residence. No. 1727 Penn St., 3 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 16-1886

7. AGE: Years 41, Months 6, Days 8, If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) Moberly
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mr Addie Hodge
(Address) 1727 Penn St Kansas City Mo

15. FILED 2-25, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1928, to Feb. 25, 1928 that I last saw her alive on Feb. 24, 1928, and that death occurred, on the date stated above, at Feb. 25, 28 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis of atrium
Embolism of pulmonary artery, brown atrophy of heart
Cent pneumonia of lower lobe
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pan hysterectomy for fibroid uterus (duration) 5 yrs. mos. ds.
Non malignant

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb. 23, 28
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. Hogan M. D
2/25, 1928 (Address) West side health center

*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: Fayette Mo
DATE OF BURIAL: 2-27 1928

20. UNDERTAKER: John J. Sheehan
ADDRESS: K.C. 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.

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