

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

Do not use this space.

9108

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township New Primary Registration District No. 21002A
 City Kansas City (No. Trinity Lutheran Hosp) (Ward)

File No. 18
 Registered No. 18

2. FULL NAME

Mrs. Bonnie Hodson
 (a) Residence. No. 811 East 4th St., Word.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
34 | 4 | 22

8. OCCUPATION OF DECEASED **PATOKYNIA**
 (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) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Albert Wenter

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

12. MAIDEN NAME OF MOTHER Emma Bonney

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

14. INFORMANT Mr. Bridges
 (Address) 812 E. 4th St.

15. FILED 3/22, 1928 M.M. Kempe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1928

17. I HEREBY CERTIFY, That I attended deceased from March 19th, 1928, to March 22, 1928
 that I last saw h. e. alive on March 15, 1928, and that death occurred, on the date stated above, at Trinity Lutheran Hosp.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis - with
permyocardial cardiac
Acute cardiac dilatation
 (duration) 4 yrs. 4 mos. 1 da.
 CONTRIBUTORY Postoperative thyrotoxicosis
 (SECONDARY) (duration) 1 yrs. 1 mos. 1 da.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 19, 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Kevin Kieard, M. D.

*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.
Mar 22, 1928 (Address) Byaugh Rd.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah DATE OF BURIAL 3/24 1928

20. UNDERTAKER H. H. Newcome Sons K.C. Mo. ADDRESS

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.

RECORDING IN THIS IS A PERMANENT RECORD

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