

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 389

Township Paul Primary Registration District No. Emerald Birds Thayer Co.

City Keokuk (No. 1) Ward 18

File No. 24030

Registered No. 18

2. FULL NAME

(a) Residence No. 3635 Highland (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND or (OR) WIFE of

Clara Hodgson

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

Sept 4 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

9

19

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Mirror Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Robert Hodgson

Eng

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sarah Copley

Eng

14. INFORMANT

(Address)

Mrs Clara Hodgson

3635 Highland

15. FILED

7/24 58

19

M. M. Crane
Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1928

17. I HEREBY CERTIFY that I attended deceased from 19 to 19

that I last saw him alive on 19, 1928, and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

131

93C

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY)

1290A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... no

DID AN OPERATION PRECEDE DEATH... no DATE OF... no

WHAT TEST CONFIRMED DIAGNOSIS... Autopsy

Signed: Benjamin G. Gifford (Address) Deputy Coroner

*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 Memorial Park

DATE OF BURIAL 7-26 1928

20. UNDERTAKER Mrs. C. L. Foster

918 Broadway

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

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.

