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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
[redacted] DEATH

Do not use this space.

27471

1. PLACE OF DEATH

County: Jackson — Re[redacted] — File No. 3547

Township: Kaw — Primary Registration District No. — Registered No.

City: Kansas City — (No. Old City Hospital St. Ward)

2. FULL NAME Hodges, Tiny — Hodges, Tiny

(a) Residence. No. 1601 6 Troost St., 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WID[redacted] DIVORCED (write the wo[redacted]
Female	Colored	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar Unk 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	5		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cook
(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): Cottageville Miss.

PARENTS

10. NAME OF FATHER: Don't No
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): — Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): — Don't Know

14. INFORMANT: Leonard Cowans
(Address) 1321 Forest

15. FILED 8-25, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[redacted] DEATH (MONTH, DAY AND YEAR) 8-18 1928

I HEREBY CERTIFY, That I attended deceased from 8-26-28, 19.., to 8-18, 1928 that I last saw her alive on 8-18, 1928, and that death occurred, on the date stated above, at 5 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stokes Adams Syndrome
93C Cardiac Decompensation
95B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis
Co (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) Howard M. Smith, M. D
8/19, 1928 (Address) Old City Hospital

*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	DATE OF BURIAL
Memphis Tenn.	8/25 1928

20. UNDERTAKER	ADDRESS
West Appleton & Jones	1600 E. 19th