

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

Do not use this space.

40613

1. PLACE OF DEATH.  
 County Jackson Co. Registration District No. 399  
 Township Kear Primary Registration District No. 1002  
 City Kansas City (No. 2608 Agnes Ave) St.                      Ward                       
 File No.                       
 Registered No.                     

2. FULL NAME Elysa Jane Hodge  
 (a) Residence. No. 2608 Agnes St. 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 John E Hodge  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27, 1965  
 7. AGE 63 YEARS MONTHS 9 DAYS 11 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; STATE OR COUNTRY) Kansas City, Kansas  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Walter M. White  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Indiana  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Nantes  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Missouri  
 (STATE OR COUNTRY)

14. INFORMANT Dr. J.T. White  
 (Address) Kansas City Mo  
 15. FILED 17/9 1928 M. M. Lemore REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8th 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1928 to Dec. 8 1928  
 that I last saw her alive on Dec. 8, 1928, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
57 Fallmeyer 59  
131  
11B  
 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) Diabetes - cardio-renal  
menstrual disease - ? (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH?                       
 DID AN OPERATION PRECEDE DEATH?                      DATE OF                       
 WAS THERE AN AUTOPSY?                       
 WHAT TEST CONFIRMED DIAGNOSIS?                       
 (Signed) J. J. Downey, M. D.  
17/9 1928 (Address) 638 Anthony Bldg.  
 \*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 Chris Shing, County DATE OF BURIAL Dec 10 1928  
 20. UNDERTAKER Ott & Mitchell ADDRESS Independence Mo.

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.

