

JAN 23 1929

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

Do not use this space.

1283

1. PLACE OF DEATH

County Hickory Registration District No. 2-43 File No. \_\_\_\_\_  
Township Clinton Primary Registration District No. 5-339 Registered No. \_\_\_\_\_  
City Barrett (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sarah A. Hodges  
(a) Residence. No. Urbana Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Robert W. Hodges  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1846  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 8 0 0  
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) Wenwood  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (?)  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Joseph A. Hodges (son)  
(Address) H. C. Mo

15. FILED Jan 23 1929 Mrs. Arthur Darby  
Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 6 1929  
17. I HEREBY CERTIFY, That I attended deceased from 12 - 30, 1928, to 1 - 6, 1929, that I last saw her alive on 1 - 2, 1929, and that death occurred, on the date stated above, at 4 9 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardio-Vascular-Renal Disease (valvular heart disease)

CONTRIBUTORY Diets (duration) 12 yrs. mos. ds. (Secondary) (Mellitus) (duration) 16 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis  
ser. Rx. examination  
(Signed) J. P. G. Harrell, M. D.  
19 (Address) Urbana, Mo

\*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 Wiangwa Mo. DATE OF BURIAL 1 - 7 1929

20. UNDERTAKER Ed. Pisen. ADDRESS Urbana 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.

WHILE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

43

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STATE OF MICHIGAN

IN SENATE, JANUARY 11, 1906.

1

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Hickory Registration District No. 362 File No. \_\_\_\_\_  
 Township Green Primary Registration District No. 3507 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah A. Hodges  
 (a) Residence. No. Urbana mo Sp. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? 30 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Robert W. Hodges

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82 8 0

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) Stenwood  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Joseph C. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unk (P)  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Joseph G. Hodges (Son)  
 (Address) W. C. mo

15. FILED Jul 5 1929 John P. Dennis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 - 1929

17. I HEREBY CERTIFY That I attended deceased from 12-30 1928 to 1-6 1929 (that I last saw her... alive on 1-2 1929 and that death occurred, on the date stated above, at 4 a. m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cardiovascular - Renal disease - Valvular heart disease  
 (duration) 12 yrs. mos. ds.  
 CONTRIBUTORY diabetes (mellitus) (SECONDARY)  
 (duration) 14 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? Urinalysis  
ser. phy. examination  
 (Signed) R. E. Farrell, M. D.  
 , 19 (Address) Urbana mo

\*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 Urbana mo DATE OF BURIAL 1-7-1929  
 20. UNDERTAKER Ed. Reese ADDRESS Urbana mo

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CLASSIFICATION OF OCCUPATION as per. app. nt. assn. prop.

S-1233