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
CERTIFICATE OF DEATH

Do not use this space.

1682

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. E 273
City K.C. Mo. (No. 822-E-15th St. ..... Ward)

2. FULL NAME Martha M. Hodson
(a) Residence. No. 822-E-15th St., 2 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-23-1858

7. AGE: 70 YEARS, 2 MONTHS, 25 DAYS. 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) Dadeville Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER T. G. Garland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentuckey
12. MAIDEN NAME OF MOTHER Martha Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentuckey

14. INFORMANT E. R. Hodson
(Address) 3114 McGee

15. FILED 1/19, 1929 M. M. Crane Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-18- 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1929, to Jan. 18, 1929 that I last saw her alive on Jan. 18, 1929, and that death occurred, on the date stated above, at 5 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Lobar Pneumonia
10B
(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 7 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? None

(Signed) John P. Munro M.D.
1/19, 1929 (Address) 4646 Troost Ave K.C. 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: Forest Hill — DATE OF BURIAL: Jan 21 1929

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: City

235 1 2 2

[illegible]

[illegible] 47th

& [illegible]

Val 4678

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