

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

Do not use this space.

11043  
11093  
File No. 1004  
Registered No. 1004

**399**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 4 Kansas City General Hosp St.)

Registration District No. 1002  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1004  
Ward \_\_\_\_\_

**2. FULL NAME**

Hodges, W.S.

(a) Residence. No. Portland Hotel St. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 6 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Painter  
(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) Va  
10. NAME OF FATHER Wm. Hodges

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

12. MAIDEN NAME OF MOTHER Dont Kerr

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

14. INFORMANT Re. and Clerk  
(Address) 46 Kansas City General Hosp.

15. FILED 4/6 1929 M. M. C. Gene REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-27 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-6 1929, to 3-27 1929 that I last saw him alive on 3-27 1929 and that death occurred, on the date stated above, at 11:40 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculosis of lungs  
23A 51  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clint Lab. Findings  
(Signed) P. Williams M. D.

3-28 1929 (Address) Supr. C. Gene Hosp

\*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**

Maple Hill DATE OF BURIAL 4-6-29  
19

**20. UNDERTAKER**

O. V. Mark ADDRESS Kans City 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.

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