

APR 30 1929

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. WRITE IN PLAIN, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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

Do not use this space.

11742

1. PLACE OF DEATH

County Ozark
Township Richland
City Richland (No.)

Registration District No. 660
Primary Registration District No. 5861

File No. 2
Registered No. 620
St. Ward

2. FULL NAME

Mary Jane Hodgson
(a) Residence. No. St. Ward
(Usual place of abode)
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.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alva L. Hodgson

6. DATE OF BIRTH (MONTH, DAY AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 7 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sycamore
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Samuel J. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Elizabeth Workman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Arkansas

14. INFORMANT S. C. James
(Address) Adair, Mo.

15. FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from March 19 29 to March 21 29
that I last saw him alive on March 20 29, and that death occurred, on the date stated above, at 10 o'clock A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Disentery with a hemorrhage of the bowels
(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. J. D. Gordon, M. D.
, 19 (Address) Adair, Missouri

*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 Pat Martin Cemetery DATE OF BURIAL 3/22 1929

20. UNDERTAKER Henry L. Provaw ADDRESS Adair, Missouri

