MAY 24 1929

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 17355

Township Primary Registration District No. 1001 Registered No. 653

City St Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Estey Abigail Hodel

(a) Residence. No. St., Ward. Savannah Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11
6
9

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 16,1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	27	3	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Andrew Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Hodel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Andrew Co.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Emma Mange

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Andrew Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT E. E. Breit
(Address) Savannah Mo

15. FILED MAY 21 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1929

17. I HEREBY CERTIFY, That I attended deceased from 14th May, 1929, to 21st May, 1929 that I last saw her alive on ~~[illegible]~~ May 21st 1929, and that death occurred, on the date stated above, at 3-25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute exacerbation Endo-Myo-Carditis

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Chronic Hypertrophy (duration) 14 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute exacerbation (duration) about 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Farm near Amazonia Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical

(Signed) W. J. Elam, M. D.

May 21, 1929 (Address) St Joseph 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	DATE OF BURIAL
Savannah Cemetery	May 23 1929
20. UNDERTAKER H. A. Sidenfaden	ADDRESS 1802 Union St