

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

Do not use this space.

18263

2308

1. PLACE OF DEATH  
 County Jackson Registration District No. 309  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Alfred Hodges  
 (a) Residence No. 4904 Chelsea St. 16 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. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 6 19

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Street Car Track  
 (b) General nature of industry, work, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cole Co. Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Hodges

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

12. MAIDEN NAME OF MOTHER Jane Simons

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

14. INFORMANT Mrs Mary Bogle  
 (Address) Carthage Mo.

15. FILED 5/19, 1929 M. M. Croome REGISTRAR  
ansr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-16-1929, to 5-19-1929, and that I last saw him alive on 5-19-1929, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma, gastric

4613

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH H904 Cypress

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) L. G. Potter, M. D.

\*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 Carthage Mo. DATE OF BURIAL May 21 1929

20. UNDERTAKER Mrs C L Foster ADDRESS 918 Brook

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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Dr. L. G. Potter

47<sup>th</sup> St. N. Y. C.

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