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

Do not use this space.

25263

1. PLACE OF DEATH
County: Mississippi — Registration District No.: 566 — File No.:
Township: Tawaffity — Primary Registration District No.: 5762 — Registered No.: 79
City: Charleston (No. ..... St. ..... Ward)

2. FULL NAME: William R Hodge
(a) Residence. No. ..... St., ... 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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/31/29
7. AGE: YEARS — MONTHS: 6 — DAYS — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Charleston
(STATE OR COUNTRY): Miss

PARENTS
10. NAME OF FATHER: William Hodge
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ashburn
(STATE OR COUNTRY): Georgia
12. MAIDEN NAME OF MOTHER: Louola Spencer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mississippi
(STATE OR COUNTRY)

14. INFORMANT: William Hodge
(Address): Charleston
15. Aug 1st 1929 F S Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 31st 1929
17. I HEREBY CERTIFY, That I attended deceased from July 29, 1929, to July 31, 1929, that I last saw him alive on July 29, 1929, and that death occurred, on the date stated above, at 9 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Summer Bowel Disease
Acute Illes Colitis
1133
(duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (SECONDARY) 1133
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Lynch, M. D
, 19 (Address) Charleston Md

*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: Oak Grove Cemetery — DATE OF BURIAL: Aug 1st 1929
20. UNDERTAKER: Private — ADDRESS

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.

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