NOV 23 1929

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

Do not use this space.

Ca, Brashear

File No. 32893

Registered No. 136

1. PLACE OF DEATH

County Audrain — Registration District No. 26

Township Salt River — Primary Registration District No. 3002

City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME Miss Belle Hodgkins

(a) Residence. No. Boulevard St., 3rd 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Singer

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8-1850

7. AGE: Years 79 | Months X | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson (STATE OR COUNTRY) Michigan

PARENTS

10. NAME OF FATHER Daniel H. Hodgkins

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

12. MAIDEN NAME OF MOTHER Mary J. Wheelock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Royalston (STATE OR COUNTRY) N.Y.

14. INFORMANT Mrs. Katie Stocks (Address) Mexico Mo

15. FILED Oct 4th 1929 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2nd, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1929, to Sept 4, 1929 that I last saw her alive on Sept 4, 1929, and that death occurred, on the date stated above, at 10:00 pm. 10/2/29

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

82A

97

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mexico, Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) H C Brashear, M. D

10/4/29 (Address) Mexico, 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: Elmwood - Mexico Mo

DATE OF BURIAL: Oct. 4 - 1929

20. UNDERTAKER: McPhetters Bros

ADDRESS: Mexico Mo

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.