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

Do not use this space.

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1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 352
City ..... (No. ..... Clayton Terrace St. ..... Ward)

2. FULL NAME Harry H Hodgdon
(a) Residence. No. Clayton Terrace 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10, 1866

7. AGE: 63 YEARS — MONTHS: 0 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Vice-president
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: Bennett Mortgage Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisc.

PARENTS
10. NAME OF FATHER: J Warren Hodgdon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Vermont
12. MAIDEN NAME OF MOTHER: Ella Lanahs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New York

14. INFORMANT: Mrs Kate Hodgdon
(Address) Clayton Terrace

15. FILED 11/18, 1929 Rolla Bracy M.D., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to Nov 16, 1929, that I last saw him alive on Nov 15, 1929, and that death occurred, on the date stated above, at 4:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy -
Chronic Interstitial Nephritis
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92A (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension -
Mitral Nephrosis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? usual
(Signed) [signature], M. D.
11/17, 1929 (Address) 870 Hamilton

*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: Valhalla Cemetery — DATE OF BURIAL: Nov 18 1929

20. UNDERTAKER: Drehmann Harral — ADDRESS: 1905 Union

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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