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

Do not use this space. Dr. Busick 40355

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.:
Township: — Primary Registration District No.: 2001 — Registered No.: 951
City: Springfield, Mo. (No. 342 Minota Lane St. Ward)

2. FULL NAME: Emma Lee Hodge
(a) Residence. No. 342 Minota Lane 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 27, 1929
7. AGE: Years 0 — Months 3 — Days 29 — If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Roy Hodge
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma
12. MAIDEN NAME OF MOTHER: Michalene Glazebrook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Roy Hodge
(Address) 342 Minota Lane

15. FILED 12-27 1929 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 26 1929
17. I HEREBY CERTIFY, That I attended deceased from 10-24-1929, to 12-26-1929, that I last saw her alive on 12-23-1929, and that death occurred, on the date stated above, at 5 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital malformation of heart 157C
(duration) yrs. 3 mos. 29 ds.
CONTRIBUTORY (SECONDARY): Dilatation of heart Atelectasis
(duration) yrs. 2 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?
WHAT TEST CONFIRMED DIAGNOSIS? X ray
(Signed) Erben Busick, M.D.
12-27 1929 (Address) 804 Med. Arts Bldg.

*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: East Lawn — DATE OF BURIAL: Dec. 27 1929
20. UNDERTAKER: Alma Lohmeyer Funeral Home — ADDRESS: Springfield Missouri

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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