JUN 25 1930

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

Do not use this space. 15-882-4

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.: 411
Township: — Primary Registration District No.: 12001 — Registered No.:
City: Springfield (No. Baptist Hospital St. Ward)

2. FULL NAME: Melva Mildred Hodgen

(a) Residence. No. Blue Eye Mo. 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: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 23-1912

7. AGE: Years 17 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Blue Eye
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: J.W. Hodgen
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Carroll Co
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Ora Humbard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Carroll Co
(STATE OR COUNTRY): Mo.

14. INFORMANT: J.W. Hodgen
(Address): Carroll Co Mo

15. FILED: 5-31, 1930 — Geo Sharp, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/31 30

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1929, to May 31, 1930, that I last saw h. alive on May 31, 1930, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bacterial - Endocarditis -
M.F.
9/A
(duration) yrs. 11 mos. 22 ds.

CONTRIBUTORY (SECONDARY): Rheumatic infection
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Blue Eye Mo.
DID AN OPERATION PRECEDE DEATH? D. DATE OF
WAS THERE AN AUTOPSY? D
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory

(Signed) Leslie R. Webb, M.D.
5-31, 1929 (Address) Springfield 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: Blue Eye Mo. — DATE OF BURIAL: 6/1 1930
20. UNDERTAKER: Alma Schmeyer — ADDRESS: 534 S. Main

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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