

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

Do not use this space.

18729

**1. PLACE OF DEATH**

County Buchanan  
Township Washington  
City Washington

Registration District No. 82  
Primary Registration District No. 512  
(No.  $\frac{1}{2}$  Mi. No. of city on 2nd St. Road.)

File No. \_\_\_\_\_  
Registered No. 53  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eliza Hodge

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Washington Twp.  
(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 Married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 4, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 1 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At Home.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer.

825  
82D  
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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska City, Neb.

10. NAME OF FATHER John Hilsenbeck  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany  
12. MAIDEN NAME OF MOTHER Anna Liggett  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown Unknown

14. INFORMANT Luther Hodge  
(Address) 2nd St. Road.

15. 6-4-30 REGISTRAR J. J. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1, 1930 1930

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1930 to June 1, 1930 that I last saw h. or alive on June 1, 1930, and that death occurred, on the date stated above, at 4.30 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral hemorrhage  
Paralysis right side of body  
(duration) yrs. mos. 2 ds.  
CONTRIBUTORY arterio sclerosis  
(SECONDARY) (duration) yrs. mos. ds.

18. WHEN WAS DISEASE CONTRACTED St. Joseph Mo  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 0  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Physical Examination  
(Signed) 99 Thompson, M. D.  
6/1/30 (Address) 825 Charles

\*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 Ashland DATE OF BURIAL June 4, 1930  
Walden Cemetery

UNBERTAKER Walter Meinhoffer ADDRESS 1302 Faraon St.

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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SECRET