

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

Do not use this space.

B-208800
File No. _____
Registered No. 3197
St. _____ Ward _____

399
3002

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Rand Primary Registration District No. _____
City K.C. Mo. (No. 2529 Bellefontaine) St. _____ Ward _____

2. FULL NAME

Alvin E. Hodges
(a) Residence. No. 2529 Bellefontaine St. 11 Ward _____

(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 6

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Alfred Keutling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ellen C. Riddle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fairville
(STATE OR COUNTRY) Ky.

14. INFORMANT Charles S. Hodge
(Address) 2529 Bellefontaine

15. FILED 8/3, 1930 M. M. Crowl
asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 2 - 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 12:40 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer Breast
60 (duration) yrs. mos. ds.
47

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS History, Inspection
(Signed) Stanley M. Crowl, M. D.
8/3, 1930 (Address) Metropolis, 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 Metropolis, Mo. DATE OF BURIAL Aug 3 1930

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

