

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

Do not use this space.

11079

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

**1. PLACE OF DEATH**

County Phelps  
Township St. James  
City St. James (No. \_\_\_\_\_)

Registration District No. 178  
Primary Registration District No. 4404

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

Golda Anna Hodge

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25-1919</u>			
7. AGE	YEARS <u>11</u>	MONTHS <u>9</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. James Mo</u>			
FATHER	13. NAME <u>See Hodge</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maies Co Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Mary Roper</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. James Mo.</u>		
17. INFORMANT <u>Jean Hodge</u> (ADDRESS) <u>St. James Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cemetery</u> DATE <u>Mar. 22-1931</u>			
19. UNDERTAKER <u>Jones and New York</u> (ADDRESS) <u>St. James Mo.</u>			
20. FILED <u>3-23-31</u> <u>Henry Walker</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20-1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Killed by gunshot by her own hand

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) A. M. Light M. D.  
(Address) Carlson Phelps Co

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.

APR 25 1931

