

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

Do not use this space.

**25356**

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
Township Carthage Primary Registration District No. 3020  
City Carthage (No.         ) St.          Ward         

**2. FULL NAME**

Jasper, Frances Hodkin  
(a) Residence No. 522 W. Oak St.,          Ward,           
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amanda Hodkin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11-1867</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>6</u>
	DAYS <u>9</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>		10. Date deceased last worked at this occupation (month and year) <u>        </u>
11. Total time (years) spent in this occupation <u>        </u>		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humboldt Kans.</u>
13. NAME <u>Thomas Hodkin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Elizabeth Baldwin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bronzeville Mo.</u>		
17. INFORMANT (ADDRESS) <u>Chris Hodkin Carthage Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paro Cemetery</u> DATE <u>7-22-1931</u>		
19. UNDERTAKER (ADDRESS) <u>Werner-Draice Carthage Mo.</u>		
20. FILED <u>73</u> 19 <u>31</u> <u>Abelshau</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from July 6, 1931 to July 20, 1931  
I last saw him alive on July 20, 1931. Death is said to have occurred on the date stated above, at 4:58 p.m.  
The principal cause of death and related causes of importance were as follows:  
Hodgkins Disease Date of onset Jan 1931  
72B  
111B 721B  
Other contributory causes of importance: Pulmonary oedema.

Name of operation Chis. hal. Date of           
What test confirmed diagnosis? Chis. hal. Was there an autopsy? no

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? no  
If so, specify           
(Signed) Royce Clifton, M. D.  
(Address) Carthage Mo

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.

AUG 6 1931

