

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.

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

Dr. H. J. ...
Do not use this space.

5629

1. PLACE OF DEATH
 78 County Cass Registration District No. 65-1
 Township Jettie Prairie Primary Registration District No. 8-862
 City ... No. ... St. ... Ward ...

2. FULL NAME Jim Hodge
 (a) Residence, No. ... 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.

MAR 24 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1884

7. AGE	YEARS <u>47</u>	MONTHS <u>1</u>	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Jan. 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) G. A.

13. NAME J. H.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ...

15. MAIDEN NAME ...

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ...

17. INFORMANT Ann Hodge
(ADDRESS) Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville, Mo. DATE Feb. 6, 1932

19. UNDERTAKER (ADDRESS) ...

20. FILED Feb. 8, 1932 Eda Martin
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-32

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932 to Feb. 5, 1932

I last saw him alive on Feb. 5, 1932 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:
conduction
Some rough Heart lesion
Mitral heart lesion
with spitzapix

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) ... M. D.
 (Address) Cassville, Mo.

