

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

Do not use this space.

16810

1. PLACE OF DEATH

66 County Miller
Township Osage
City _____ (No. _____)

Registration District No. 6
Primary Registration District No. 5760

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Justie Lucille 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>11</u>	<u>21</u>	

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) Miller Co Mo

13. NAME Oliver Hodge

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

15. MAIDEN NAME Kate Keesterson

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

17. INFORMANT Oliver Hodge
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake View DATE May 13 1932

19. UNDERTAKER Ernest Borblin
(ADDRESS) _____

20. FILED 6/17 19 32 John A. Schuchman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to May 12, 1932

I last saw her alive on May 11, 1932 Death is said to have occurred on the date stated above, at 1 P. M.

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

Marasmus.
158 158
Other contributory causes of importance: _____
Date of onset 6/10/32

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) W. A. Day Green, M. D.

(Address) Liberia Bno

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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