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

Do not use this space.
24930

File No.
Registered No. 7105

1. PLACE OF DEATH

County
Township
City St Louis (No. 3010, Park St. Ward)
Registration District No. 701
Primary Registration District No. 2010

2. FULL NAME Grant a Hodges

(a) Residence, No. 3010 Park St., 17 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 116
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) Arcadia Missouri 1

FATHER
13. NAME James Hodges
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

MOTHER
15. MAIDEN NAME Rose L. Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Rose L. Hodges
(ADDRESS) 3010 Park.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton, Mo. DATE Aug 2 - 1932

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 1432 Missouri

20. FILED AUG - 1 1932 19 Mar C Starkey M.D.
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to July 31, 1932
I last saw him alive on July 30, 1932. Death is said to have occurred on the date stated above, at 4.30 p.m.
The principal cause of death and related causes of importance were as follows:

23A Pulm. Tuberculosis 7 yrs ago

Other contributory causes of importance

Exhaustion therefrom

Name of operation Date of
What test confirmed diagnosis Clinical 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) Hs T. Walser, M. D.
(Address) 1904 Park Ave

Mr Walker
29 — Park Ave