

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

Do not use this space.

28688

File No. _____
Registered No. 29
St. _____ Ward _____

1. PLACE OF DEATH

County Cape Girardeau
Township Pharmer
City _____ (No. _____)

Registration District No. 129
Primary Registration District No. 5180

2. FULL NAME

Velma Lee Hodge

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 14 April 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 4

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) Leman mo

13. NAME Elmer L Hodge

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

15. MAIDEN NAME Lora D Dunn

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

17. INFORMANT R D Blylock
(ADDRESS) Pocahontas mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Sept 19 1932

19. UNDERTAKER Reisenbichler & Party
(ADDRESS) Pocahontas mo

20. FILED 9-19- 1932 T. J. Schoen
Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from April 14 1932, to Sept 18 1932
I last saw her alive on Sept 18 1932. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:
Failure of Perineal Ovary to close after birth
Date of onset _____
157c
1570
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) R D Blylock _____ M. D.
(Address) Pocahontas mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 2 1932

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