

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

Do not use this space.

32567

4169

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. Men. Hosp. # 2) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Clara Hodges
(a) Residence, No. 1710 E. 18th St St. 11 Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. 11 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1885

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|----------|----------------------------------|
| | <u>46</u> | <u>10</u> | <u>2</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) Pine Bluff, Ark. 2

13. NAME Walter Walker

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

15. MAIDEN NAME Hannie Hill

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

17. INFORMANT (ADDRESS) Record Clerk, Men. Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Town DATE Nov. 7, 1932

19. UNDERTAKER (ADDRESS) Dayle Bros. 1708 Tracy

20. FILED 11-7 1932 M. M. Crayel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1932, to 10-30, 1932

I last saw h.a.c. alive on 10-30, 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Acute Infective
1314
950
950 34 10
Other contributory causes of importance:
acute Regurgitation
myocardial Insuff.

Name of operation _____ Date of _____
What test confirmed diagnosis? lab. & clin. 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) D. M. Miller, M. D.
(Address) Men. Hosp. #2, K.C. Mo.

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.

