

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

Do not use this space.

6812

**1. PLACE OF DEATH**

8<sup>2</sup> County Putnam  
5<sup>1</sup> Township Buffalo  
4<sup>1</sup> City Louisiana (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 689  
Primary Registration District No. 2033

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 217 Blenheim St., 2 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 78 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**

3. SEX Female 4. COLOR OR RACE African American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Linton Co. Mo.

13. NAME James Sewer

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

15. MAIDEN NAME Pachare Graves

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

17. INFORMANT (ADDRESS) Maurice Dandridge Louisiana Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wabash Cemetery DATE Feb 20 1933

19. UNDERTAKER (ADDRESS) M.P. Gude Louisiana Mo.

20. FILED 2-19-1933 F. H. Hays Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1933, to Feb. 18 1933.

I last saw her alive on Feb. 10 1933 Death is said to have occurred on the date stated above, at 4:00 P. m.

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

Organic Heart Disease Date of onset 95

Other contributory causes of importance: General Inanition

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? NO

If so, specify \_\_\_\_\_ (Signed) Charles P. Jewellen, M. D.

(Address) Louisiana, Mo.

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.

