

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

Do not use this space.

**20230**

**1. PLACE OF DEATH**

54 County Linn Registration District No. 461  
6 Township Lexington Primary Registration District No. 3024  
4 City Lexington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 50  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Leona Joanna Hodges  
(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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dec 22-1932</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22-1932</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>5</u>
		24
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>None</u>		
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) <u>Lexington MO</u>		
13. NAME <u>Chas. Hodges</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co MO</u>		
15. MAIDEN NAME <u>Rosa D. Benware</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co MO</u>		
17. INFORMANT <u>Chas. Hodges</u> (ADDRESS) <u>Lexington MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington MO</u> DATE <u>June 16, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. J. Ferguson</u> <u>Lexington MO</u>		
20. FILED <u>June 16, 1933</u> <u>Jay Brill Banta</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1933

I HEREBY CERTIFY that I attended deceased from Dec 22, 1932 to June 16, 1933

I last saw her alive on June 16, 1933 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:  
congenital heart  
acute enteritis

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
1576  
1199 119a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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?  
If so, specify \_\_\_\_\_  
(Signed) A. J. Cheekley M. D.  
(Address) Lexington 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.

MISSOURI STATE BOARD OF HEALTH

RECORDS SECTION

1933

