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

FEB 27 1984

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

Do not use this space.

File No. 1908

Registered No.

1. PLACE OF DEATH
County: Moniteau
Township: Montrose
City: Clarksburg (No. 5 St. Ward)
Registration District No. 1095
Primary Registration District No. 4336

2. FULL NAME: Mary A. Hodge

(a) Residence, No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE: Years 75 | Months 2 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Moniteau Co

FATHER
13. NAME: Dedrick Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co

MOTHER
15. MAIDEN NAME: Permelia Huff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co

17. INFORMANT (ADDRESS): Velma Hodge, Clarksburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Salem Cem DATE: Jan 21 1934

19. UNDERTAKER (ADDRESS): Williams & Friedmeyer, California Mo

20. FILED: 1-30 1934 J. E. Martin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1933, to Jan 20 1934

I last saw h. alive on Jan 20 1934. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

	Date of onset
Fracture left femur	12/12/33
Other contributory causes of importance: Diabetes Mellitus	1915

Name of operation: none Date of: —

What test confirmed diagnosis? Clinical & X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/12 1934
Where did injury occur? Clarksburg Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Kitchen own home.
Manner of injury: Fell on Kitchen floor
Nature of injury: Fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify:

(Signed) Edgar A. Kelly, M. D.
(Address) California Mo.