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.

MAY 25 1934

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

Do not use this space.

13588

1. PLACE OF DEATH
County Miller
Township Osage
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 6
Primary Registration District No. 5760

File No. .....
Registered No. .....

2. FULL NAME Elmer Hodge

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1912

7. AGE YEARS 22 MONTHS 3 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm.
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) Miller Co Country Mo

FATHER
13. NAME William Hodge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Country

MOTHER
15. MAIDEN NAME Stella Abbet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Country Mo

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE Capps DATE May 30 1934

19. UNDERTAKER (ADDRESS) John Birdsong Tuscumbia Mo

20. FILED May 1 1934 John G. Schuetemann Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to April 30, 1934
I last saw him alive on April 30, 1934 Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
23	
Bronchiactasis 100 B	
115 A	
Pulmonary tuberculosis	

Other contributory causes of importance:
chronic tonsillitis

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) L. M. Garner, M. D.
(Address) Tuscumbia