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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18250

Township ..... Primary Registration District No. 1003 Registered No. 4710

City St. Louis (No. 5736 Clemens Ave. St. [redacted] Ward)

2. FULL NAME GEORGE BULKLEY HODGMAN

(a) Residence, No. 5736 Clemens Ave., St. Louis St., 5 ~~[illegible]~~ Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Belle Dixon Hodgman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1850

7. AGE YEARS 84 MONTHS — DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber + Cooperage
10. Date deceased last worked at this occupation (month and year) 1903 - December
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Maine.

FATHER

13. NAME ALBERT HEALD HODGMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Maine.

MOTHER

15. MAIDEN NAME ELIZABETH KENT DYER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vinal Haven, Maine

17. INFORMANT (ADDRESS) Geo. A. Hodgman 5582 Bartmer Ave.

18. BURIAL, CREMATION, OR REMOVAL Valhalla Crematory May 10 1934

19. UNDERTAKER (ADDRESS) C. R. Luston + Sons 4449 Olive St.

20. FILED NOV 9 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to May 8, 1934.
I last saw him alive on May 8, 1934. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma prostate gland 51C 162

Date of onset

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Cystoscopy 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? No
If so, specify .....
(Signed) H. G. Nicks, M. D.
(Address) 5902 Maple

965 Hamilton
Ca 0028
1-3 P.M.