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.

SEP 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 87 — File No. 28433
Township Beaverdam — Primary Registration District No. 5129 — Registered No. 14
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sarah Elizabeth Hodge
(a) Residence, No. 8 Mi W Paplar Bluff Mo Ward. R 6
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ✓ (OR) WIFE OF: Arron Hodge dec'd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 1 - 1857

7. AGE: YEARS 77 — MONTHS 6 — 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.: 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): Trigg Co Ky

FATHER
13. NAME: Jack Lampkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Susan Pallard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Jesse Hodge, Paplar Bluff Mo Gen Del

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cochran Cem DATE Aug 22 1934

19. UNDERTAKER (ADDRESS): Phelps Undertaker, Paplar Bluff Mo

20. FILED 9/11 1934 M Doppington, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934, to Aug 21, 1934
I last saw her alive on Aug 20, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	duration 5 years or more
23A	
32C	

Other contributory causes of importance:
general tuberculosis

Name of operation — Date of —
What test confirmed diagnosis? Sputum Ex. 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 Eewhill, M. D.
(Address) Naylor Mo

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