

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.

FEB 18 1935

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

Do not use this space.

41845

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Andrew Registration District No. 15
Township Empire Primary Registration District No. 5818
City Franklin

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 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>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF <u>Harvey Hodge</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11, 1875</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>5</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) <u>Sept 29, 1934</u>			
11. Total time (years) spent in this occupation <u>15 1/2</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>				
FATHER	13. NAME <u>Stephen H. Hodge</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
	15. MAIDEN NAME <u>Martha Howell</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
	17. INFORMANT (ADDRESS) <u>Doc Hodge</u>			
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Union Star</u> DATE <u>12-11-34</u>				
19. UNDERTAKER (ADDRESS) <u>R. P. Gagnant</u>				
20. FILED <u>1/20</u> 19 <u>35</u> <u>Mrs. E. C. Jefferies</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9- 1934

I HEREBY CERTIFY, That I attended deceased from October 30 1934, to December 9 1934

I last saw him alive on December 2 1934. Death is said to have occurred on the date stated above, at 4:40 P.M.
The principal cause of death and related causes of importance were as follows:

Compression and destruction of spinal cord by blood clot at level of 2, 3, 4 dorsal spinal segments
210 M
Other contributory causes of importance:
Secondary infection from bacterial baculites lesion

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury _____ 19 _____
Where did injury occur U.S. Highway 169 Union Star Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Struck by automobile
Nature of injury Violence to back

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Patton E. Rockwood Don
(Signed) _____
(Address) Union Star, Mo.

