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.

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

Do not use this space.

MAR 20 1935

5434

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 725

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Evalina Hodge

(a) Residence, No. 3210 Linwood Boulevard St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No information

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29th, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Columbia Missouri

FATHER

13. NAME Alexander Douglas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Anne Shannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT (ADDRESS) Shannon Douglass Dixie Lt Bldg, Kansas City Mo

18. ~~BURIAL, CREMATION, OR REMOVAL~~

PLACE Columbia, Mo DATE 2/16 1935

19. UNDERTAKER (ADDRESS) Steve + McClure 3235 Wilhelm Place

20. FILED 2/16 1935 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16/35, 19

22. I HEREBY CERTIFY That I attended deceased from Sunday Corn, to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, 6 00 A m.

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

Coronary Thrombosis — Date of onset

Acute Myocardial Infarction

Other contributory causes of importance: 94 b

Name of operation No — Date of

What test confirmed diagnosis? Autopsy — 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) [signature], M. D.

(Address) Kaw