

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

MAR 3 8 1935

Trucker

Do not use this space.

6365

1. PLACE OF DEATH

County **PETTIS**

Registration District No. **668**

Township

Primary Registration District No. **3032**

City **SEDALIA**

(No. **623 SO. LAFAYETTE**)

File No.

**72**

Registered No.

**668**

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **FRANCIS L HODGES**

(a) Residence, No. **623 SO LAFAYETTE** 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 **MARRIED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 2 1860**

7. AGE YEARS **75** MONTHS **0** DAYS **15** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) **MO**

FATHER 13. NAME **JAMES H HODGES**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **KY**

MOTHER 15. MAIDEN NAME **FANNIE WITCHER**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **VA.**

17. INFORMANT **MRS. F.L.HODGES**  
(ADDRESS) **SEDALIA MO**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **CROWN HILL** DATE **FEB. 21 1935**

19. UNDERTAKER **GILLESPIE FUNERAL HOME**  
(ADDRESS) **SEDALIA MO.**

20. FILED **Feb 19 1935 Jean Slack**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **FEB 17 1935**

I HEREBY CERTIFY, That I attended deceased from

**last July 15, 1935 to July 17, 1935**

I last saw him alive on **July 17, 1935** Death is said

to have occurred on the date stated above, at \_\_\_\_\_ a.m.

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

**Apoplexy cerebral** (Date of onset \_\_\_\_\_)

**Second stroke**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other contributory causes of importance:

**Hypertension arteria**

**Arteriosclerosis**

\_\_\_\_\_

\_\_\_\_\_

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? **no injury**

(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) \_\_\_\_\_

(Address) \_\_\_\_\_

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.

RECORDING INFORMATION—THIS IS A PERMANENT RECORD

