

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.

AUG 12 1935

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

Do not use this space.

22011

## 1. PLACE OF DEATH

County Adair  
Township Benton  
City NE of Kirksville (No. ...., St. .... Ward)

Registration District No. 4  
Primary Registration District No. 500.5

File No. ....  
Registered No. 143

2. FULL NAME Eliza Ann Hodges

(a) Residence, No. RR Kirksville St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) P. S. Hodges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1848

7. AGE YEARS 87 MONTHS 4 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmwife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture  
10. Date deceased last worked at this occupation (month and year) Feb. 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Illinois

13. NAME Wm. Smoot  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville, Ohio

15. MAIDEN NAME not known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) P. S. Hodges

18. BURIAL, CREMATION, OR REMOVAL PLACE H. Center DATE AUG. 1, 1935

19. UNDERTAKER Davis & Wilson (ADDRESS) Kirksville, Mo.

20. FILED Aug 1, 1935 Spencer Freeman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 193522. I HEREBY CERTIFY, That I attended deceased from 7-1-1935 to 7-29-1935I last saw him alive on 7-26-1935. Death is said to have occurred on the date stated above, at ..... m.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 ..... no

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) R. R. Ellis M. D.(Address) Kirksville, Mo.

