

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.

29312-1

MAY 20 1936

1. PLACE OF DEATH
 County Greene Registration District No. 944
 Township Taylor Primary Registration District No. 5438
 City Raymond, R.F.D. (No.) St. Ward

2. FULL NAME Robert A. Hodgkin
 (a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Hodgkin

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

7. AGE YEARS 69 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Indiana

FATHER
 13. NAME A. H. Hodgkin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME Emiline
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Nannie Hodgkin
 (ADDRESS) Raymond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cemetery DATE Sept 15, 1935

19. UNDERTAKER B. C. Klepp
 (ADDRESS) Ozark, Mo.

20. FILED May 9, 1936 Clayton Anderson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from viewed dead body Sept 13, 1935
 I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:
Probably Coronary Thrombosis or Cerebral Hemorrhage
 Date of onset 7/4/35

Other contributory causes of importance:
He was apparently well and fell dead from a seat

Name of operation Date of
 What test confirmed diagnosis? None 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 R. C. Farthing, M. D.
 (Signed) Ozark Mo.
 (Address)

