MAR 17 1936

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

Do not use this space.

5180

1. PLACE OF DEATH
County Cole — Registration District No. 214 — File No.
Township Moreau — Primary Registration District No. 5294 — Registered No. 4
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Marjorie Elizabeth Hodges
(a) Residence, No. Russellville, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.10th,1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	1	0	

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) Russellville.
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Truman W. Hodges
14. BIRTHPLACE (CITY OR TOWN) Russellville.
(STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Lottie Elnora Bolden
16. BIRTHPLACE (CITY OR TOWN) Russellville.
(STATE OR COUNTRY) Missouri

17. INFORMANT T.W.Hodges
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cem. DATE Feb.12th.1936

19. UNDERTAKER G.N.Steffens
(ADDRESS) Russellville, Mo.

20. FILED Feb. 11, 1936 Mrs. Mabel Barbour
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb.10th,1936.. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Feb 10, 1936
I last saw her alive on Feb 10, 1936. Death is said to have occurred on the date stated above, at 11.55P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	Jan 16 1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clin Was there an autopsy? No

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? No
If so, specify .....
(Signed) George J. McGowan, M. D.
(Address) Russellville, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD