

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

Do not use this space.

8700

MAR 25 1936

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Jefferson Barracks Primary Registration District No. 6248B
 City Jefferson Barracks (No. Veterans Administration Facility) Registered No. 90
 St. _____ Ward _____

2. FULL NAME WILL HODGE

(a) Residence, No. 2738 Walnut St., St. Louis Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred Un yrs. kno mos. wn 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 male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 11 9

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

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) May 1936 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Griffin, Georgia.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hospital Rec. & Clinical Clerk
 (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
Jefferson Barracks DATE Mar 2 1936

19. UNDERTAKER (ADDRESS) W. G. ...
12215 Franklin Ave.

20. FILED 2-29 1936 W. Mowery
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10pm 2/22/36

22. I HEREBY CERTIFY, That I attended deceased from June 14th 1935, to February 22/36, 1936

I last saw him alive on February 22, 1936 Death is said to have occurred on the date stated above, at 10pm.

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

advance Pulmonary Tuberculosis May 1/35
bilateral with cavitations.

Other contributory causes of importance:
Pulmonary Hemorrhage secondary to
Tbc., (frank)

Name of operation None Date of _____
 What test confirmed diagnosis? routine Was there an autopsy? no

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 _____
 Nature of injury _____

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

If so, specify C. W. Hughes
 (Signed) C. W. HUGHES, M.D., Chief Med. Officer
 (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

