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.

APR 17 1936

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

Do not use this space.

9271

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No.
Township Columbia — Primary Registration District No. 5112 — Registered No. 62
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jannie Hodel
(a) Residence, No. Boone Co Infirmary 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-20-1868

7. AGE YEARS 67 MONTHS 9 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.

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

FATHER
13. NAME J. Oscar Matthews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Sarah B. Abott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) W. F. Fristoe Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelbina Mo DATE 3-6-36

19. UNDERTAKER (ADDRESS) Porter F. Co. (W.H.U.) Columbia Mo

20. FILED 3/6/ 1936 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936, to Feb 2, 1936
I last saw her alive on 3-2, 1936 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Peritonitis — follow appendicial abscess
Had been operated for abscess in no 1935
Date of onset Feb 1936

Other contributory causes of importance:
Cyrasepilas — 4
121 b

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? .....
(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 .....
(Signed) A W Kaufschmidt M. D.
(Address) Columbia Mo