

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

Do not use this space.

26424

**1. PLACE OF DEATH**

County Iron.  
Township Arcadia.  
City Ironton. (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 391  
Primary Registration District No. 4230

File No. \_\_\_\_\_  
Registered No. 53

**2. FULL NAME** Ethel May Hodge,

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Arron Hodge.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 1904

7. AGE YEARS 31 MONTHS 3 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Des Arc. Missouri

13. NAME Dave Dean.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ohio.

15. MAIDEN NAME Millisie Neidalter,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Missouri.

17. INFORMANT (ADDRESS) Arron Hodge,

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Arc. DATE Aug. 1 1936

19. UNDERTAKER (ADDRESS) S. E. Bond Ironton Mo

20. FILED Aug 4 1936 R A Rauhe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-27 1936, to 7-31 1936

I last saw him alive on 7-31 1936. Death is said to have occurred on the date stated above, at 12:30 p. m.

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

chronic nephritis (Pt.)  
131  
Secondary Anemia

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? nt

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) R. E. Farland, M. D.  
(Address) Ironton, 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.

