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

Do not use this space.

33788

1. PLACE OF DEATH OCT 20 1936

County ..... Registration District No. 89

Township ..... Primary Registration District No. 3007

City Poplar Bluff (No. ..... St. ..... Ward)

File No. .....

Registered No. 227

2. FULL NAME Wanda May Hodge

(a) Residence, No. Poplar Bluff 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 1934

7. AGE: Years 2 | Months 5 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY) Poplar Bluff Mo

FATHER

13. NAME Bennie D Hodge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bledgett Scott Co Mo

MOTHER

15. MAIDEN NAME Anna May Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aldehgort Okla

17. INFORMANT B. D. Hodge (ADDRESS) Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bayspring Cem DATE Sept 29 1936

19. UNDERTAKER N T Pheeps (ADDRESS) Poplar Bluff Mo

20. FILED 9-30 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1936 to Sept. 28, 1936

I last saw h. alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:45 p.m.

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

	Date of onset
Pneumonia, bronchio-	1 wk.
10 yr old	

Other contributory causes of importance: None

Name of operation — Date of .....

What test confirmed diagnosis? Clinical 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) J. Foster Harwell, M. D.

(Address) Poplar Bluff, 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.