

DEC 3 1936

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

Do not use this space.

791

42700

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No.

City St. Louis(No. 4536 Newberry Terrace)

File No.

Registered No. 11208

St. Ward)

2. FULL NAME Mary Frances Hodges(a) Residence, No. 4536 Newberry Terrace, St. 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. M. Hodges6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 18807. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 7 88. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Mo13. NAME Jesse Daniel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Virginia Speed16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT E. M. Hodges (ADDRESS) 4536 Newberry Terrace18. BURIAL, CREMATION, OR REMOVAL PLACE Mokane Mo DATE Nov 12 193619. UNDERTAKER Fred M. Williams (ADDRESS) 4536 Washington20. FILED NOV 11 1936 J. H. Debeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9th 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1936 to Nov 9th 1936I last saw h.e.v. alive on Nov 9, 1936 Death is said to have occurred on the date stated above, at 6:30 pm.

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

Cholelithiasis Date of onset ?
Cholelithiasis & Nephritis ?
Decomposition of liver ?
Hepatic Coma ?
of liver - adhesion ?

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Lab. Was there an autopsy? no23. 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) Edmund G. Barry, M. D.(Address) 3517 Easton Ave

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.

