

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.

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

Do not use this space.

MAY 19 1936

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Rant Primary Registration District No. _____
City Kansas City, Mo. (No. Research)

File No. 47584
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4432 Prospect 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 25, 1936</u>		
7. AGE	YEARS MONTHS DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>Stillborn</u>		
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) _____		
FATHER	13. NAME <u>Harold Maurice Hodson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dadedille, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Clara Julia Tringual</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Missouri</u>	
17. INFORMANT <u>Harold Maurice Hodson</u> (ADDRESS) <u>4432 Prospect</u>		
18. CREMATION, <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE <u>Kansas City, Mo.</u> DATE <u>Jan 26, 1936</u>		
19. UNDERTAKER (ADDRESS) _____		
20. FILED <u>1/28</u> , 19 <u>36</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1936

22. I HEREBY CERTIFY, (That I attended deceased from _____, 19____, to _____, 19____)

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:17 P. m.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) D. D. Edwards, M. D.
(Address) 4800 B 24 Ave.

