

FEB 25 1937

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

Do not use this space.

1369

160

1. PLACE OF DEATH  
 48 County Jackson Registration District No. 299  
 10 Township Kaw Primary Registration District No. 1002  
 4 City Kansas City (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles H. Hodges  
 (a) Residence, No. 2924 East 29th St. St. \_\_\_\_\_ Ward 1  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
68 3 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Noah Hodges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Abbie Huntley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Elmer B. Hodges  
 (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln, Neb. DATE Jan. 12 1937

19. UNDERTAKER Freeman Mortuary & Chapel  
 (ADDRESS) Kansas City, Missouri

20. FILED Jan 11 1937 M. M. Grover  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1937

22. I HEREBY CERTIFY, That I attended deceased See 15 to Jan 11 1937  
 I last saw him alive on Jan 10 1937 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage 1/8/37 (Date of onset)

Other contributory causes of importance:  
Arteriosclerosis  
Hypertension  
Chronic Nephritis  
Myocardial Infarction 2 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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. V. Dell M. D.  
 (Address) 1132 Professional Bldg  
Ke 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.

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Prof. Redg

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