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.

FEB 17 1937

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

Do not use this space.

1842

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No.

Township Galena — Primary Registration District No. 2002 — Registered No.

City Joplin (No. 620 Jackson St. Ward)

2. FULL NAME Norma Darlene Hodson

(a) Residence, No. 620 Jackson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 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) January 8, 1937

7. AGE: YEARS 0 — MONTHS 0 — DAYS 1 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri

FATHER

13. NAME Arvel Hodson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierce City Missouri

MOTHER

15. MAIDEN NAME Evelyn Johnston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jewel City Kansas

17. INFORMANT (ADDRESS) Arvel Hodson 620 Jackson Joplin Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Fairview Cem. DATE Jan. 11 1937

19. UNDERTAKER (ADDRESS) Langler Mortuary 1502 Joplin St. Joplin Mo.

20. FILED 1-11 1937 Ed D Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1937, to Jan 9, 1937

I last saw her alive on Jan 9, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Prematurity (6 mo. fetus)

Date of onset

Other contributory causes of importance:

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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? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Sam & Grantham Jr., M. D.

(Address) 424 Byers Avenue Joplin Mo