

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

Do not use this space.

JAN 26 1937

1. PLACE OF DEATH
96 County St. Louis Registration District No. 788
12 Township Webster Groves Primary Registration District No. 4471
8 Precinct (No. 235 Bompert Ave) File No. 2943
2. FULL NAME Mary Anne Hodgson Registered No. 2
(a) Residence, No. 235 Bompert Ward. _____ 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Hodgson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31 1862</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>5</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Louisville Kentucky</u>		
FATHER	13. NAME <u>Isabel E. Russell</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville Kentucky</u>		
MOTHER	15. MAIDEN NAME <u>Eleanor E. Heron</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Wm Hodgson 235 Webster Groves Mo</u>		
18. BURIAL CREMATION OR DISPOSAL PLACE <u>Valhalla</u> DATE <u>Jan 11 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Parker Ward Co</u> <u>Webster Groves</u>		
20. FILED <u>1-9-1937</u> <u>Jules R. Gore</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 - 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 6th 1935 to Jan 8th 1937
I last saw him alive on Jan 8th 1937 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Chronic interstitial nephritis
Arterio Sclerosis
Date of onset 20 3/4

Other contributory causes of importance:
Arterio Sclerosis

Name of operation no 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? _____
If so, specify _____
(Signed) Thos W. Campbell, M. D.
(Address) 5743 Vernon 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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

5043 W. Concord

EST 87 NOV