

APR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County AdairRegistration District No. 4

Township

Primary Registration District No. 3001

City

Kirkville

(No. ....)

St. ....

Ward) ....

Donna Joice Hodge

## 2. FULL NAME

Kirkville Mo.

(a) Residence, No. ....

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFNov 2, 1936.

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, .....hrs.

or .....min.

428.

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)Kirkville  
Missouri.

FATHER

13. NAME

Tom Hodge14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Kirkville  
Missouri

MOTHER

15. MAIDEN NAME

Bertha Renn16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Washington St

17. INFORMANT

(ADDRESS)

Bertha Hodge  
Kirkville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

LlulynDATE April 1

1937

19. UNDERTAKER

(ADDRESS)

Dee Riley  
Kirkville Mo.

20. FILED

April 5, 1937Spencer L. Inman  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from

April Mar 31, 1937, to April 1, 1937I last saw him alive on Mar 31, 1937 Death is saidto have occurred on the date stated above, at 1:34 A.M.

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

Bronchial Pneumonia  
with convulsions

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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) H. D. McClure(Address) Kirkville Mo

M. D.

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.

100-17270-205 X7044

