

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.

SEP 17 1937

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

Do not use this space.

1. PLACE OF DEATH
33 County dent 2 Registration District No. 266
Township _____ Primary Registration District No. 4164
1 City Salem Mo. (No. _____) St. _____ Ward _____
2 FULL NAME Billy Joe Hodges
(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.

File No. 30561
Registered No. 64

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 - 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 0 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Shannon Co Mo
Rector
13. NAME Mont Hodges
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo
15. MAIDEN NAME Adeline Busch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Riverside Co Cal
17. INFORMANT Mimie Marie Busch
(ADDRESS) Rector Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE After Cemetery DATE 9/1 1937
19. UNDERTAKER H. D. Holton
(ADDRESS) Salem Mo
20. FILED 9-1 1937 F. Elbert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1937, to Aug 31 1937
I last saw deceased alive on Aug 31 1937. Death is said to have occurred on the date stated above, at 8:00 m.
The principal cause of death and related causes of importance were as follows:
Osteomyelitis, Right Tibia, acute,
Date of onset Husband
Other contributory causes of importance: 154
Name of operation none Date of _____
What test confirmed diagnosis? Surgical 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) S. E. Gresh M. D.
(Address) S. E. Gresh, Md.

