2 P.M.

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Howard V
Township: Moniteau
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 878
Primary Registration District No. 5-5-81

File No. 30822
Registered No. 55

2. FULL NAME Richmond Jasper Hodson

(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: Male
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) 3/16/55

7. AGE: Years 82 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Howard Co. Mo

FATHER

13. NAME Martin Hodson
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Sarah Wilcoxon
16. BIRTHPLACE (CITY OR TOWN) Howard Co. (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) A. L. Hodson New Franklin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE 8/15/37, 19

19. UNDERTAKER (ADDRESS) C. L. Duncan New Franklin, Mo.

20. FILED Sep 15, 1937 V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/13/37, 19

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to Aug 10, 1937
I last saw him alive on Aug 10, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chr	unknown

Other contributory causes of importance:

Hypertension chr	unknown

Name of operation none Date of .....
What test confirmed diagnosis? None 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. No
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) L. L. Chamberlain, M. D.
(Address) New Franklin 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.