Dr. Whitaker

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi — Registration District No. 567 — File No. 34805
Township — Primary Registration District No. 4334 — Registered No. 69
City East Prairie (No. ..... St. ..... Ward)

2. FULL NAME Duff Meredith Hodge
(a) Residence, No. East Prairie, St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Hodge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9 - 1856
7. AGE YEARS 81 MONTHS 1 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor
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) Sept. 10 - 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER
13. NAME Samuel Hodges
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Miriam Hodges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Fannie Hodges East Prairie
18. BURIAL, CREMATION, OR REMOVAL Mckny Ky PLACE Green Lawn Cem DATE 9-21 1937
19. UNDERTAKER (ADDRESS) Travis N. Shelly East Prairie
20. FILED Sept 21 1937 Fannie Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1937
22. I HEREBY CERTIFY, That I attended deceased from ~~Jan 28~~ Sept 19 1937, to Sept 20, 1937
I last saw him alive on Sept 19 05 1937. Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy -	

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) George W. Whitaker, M. D.
(Address) East Prairie Mo

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to be sure that the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very in