NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Scott — Registration District No. 821 — File No. 38937
Township — Primary Registration District No. 4553 — Registered No.
City Sikeston Mo (No. ..., St. ..., Ward)

2. FULL NAME Minnie M Hodges
(a) Residence, No. ..., St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hodge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-24-83

7. AGE: Years 44 | Months 8 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

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. House Work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John Ridge
14. BIRTHPLACE (CITY OR TOWN) Massie Co ILL (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Tessie Smith
16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

17. INFORMANT Mrs John Riggs (ADDRESS) Fredricktown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memoral Park DATE 10-26-37, 19

19. UNDERTAKER G. A. Dempster (ADDRESS) Sikeston Mo.

20. FILED 11-6, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1937, to October 24, 1937
I last saw her alive on October 24, 1937. Death is said to have occurred on the date stated above, at 8:30 m. P. M.
The principal cause of death and related causes of importance were as follows:

1-Cerebral embolism. — Date of onset 10-24-37.
Related causes as follows:
Hernia, inguinal & femoral, right, strangulated, encarcerated, with gangrene of 14 inches of terminal ileum & generalized peritonitis. Operation: Sept. 17, 1937, Intestinal resection, of gangrenous ileum, hernias repaired & abdomen drained.
Other contributory causes of importance:
Name of operation [signature] Date of operation Sept 17, 1937
What test confirmed diagnosis? XX 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) Joseph P. Russell, M. D.
(Address) Cape Girardeau, Mo.

N. B.—Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.