

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

Do not use this space.

NOV 24 1937

PLACE OF DEATH

County Stoddard
Township Buck Creek
City _____ (No. _____) St. _____ Ward _____

Registration District No. 840
Primary Registration District No. 6102

File No. 38979
Registered No. 39

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

John A. Hodge

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 Mellie Hodge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 0 23

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 _____

12. BIRTHPLACE (CITY OR TOWN) Asherville (STATE OR COUNTRY) Mo.

13. NAME Bariss Hodge

14. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

15. MAIDEN NAME Josephine Stacy

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Russell Hodge (ADDRESS) Russell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove Cem. DATE Oct 30 37

19. UNDERTAKER Hickman White Star Co. (ADDRESS) Russell Mo.

20. FILED 10/29 1937 Vernon Hawks Glenn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1937, to Oct 29, 1937

I last saw him alive on Oct 28, 1937. Death is said to have occurred on the date stated above, at 3 a. m.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: Asthma

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? Yes

If so, specify _____ (Signed) E. J. Elmore, M. D. (Address) Russell 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.

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OCCUPATION
FATHER
MOTHER

