

DEC 16 1937

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

Do not use this space.

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## 1. PLACE OF DEATH

 County Daviess  
 Township Liberty  
 City..... (No..... St..... Ward)

 Registration District No. 248  
 Primary Registration District No. 5344

 File No.....  
 Registered No.....
2. FULL NAME Eva Hodges
 (a) Residence, No..... St..... Ward.  
 (Usual place of abode)

 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. L. Hodges
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1871
 7. AGE YEARS 65 MONTHS 11 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home  
 10. Date deceased last worked at this occupation (month and year) Oct. 1937 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME James Black14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Chas. L. Hodges  
(ADDRESS) R F D 3, Gallatin, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Ayr Cemetery DATE Nov. 1, 193719. UNDERTAKER Hope Furn. & Undt. Co.,  
(ADDRESS) Gallatin, Mo.20. FILED 12-30 1937 J. F. Reich  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1937
 I HEREBY CERTIFY, That I attended deceased from Oct 30 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 5:07 PM

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

Organic Heart Disease  
Complete Heart Block

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) J. F. Reich M. D.  
 (Address) Gallatin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Date of onset  
Oct 10

