REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF ~~Cass~~ Cass
County Index
Township Garden City
City
Registration District No. 154
Primary Registration District No. 4088
File No. 10396
Registered No.
(No. St. Ward)

2. FULL NAME John Hodges Hodges 322
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Celia Ensworth Hodges 1863
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept II ~~1836~~
7. AGE YEARS 74 MONTHS 6 DAYS 20 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
FATHER
13. NAME Geo W Hodges
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.
MOTHER
15. MAIDEN NAME Mary Stitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
17. INFORMANT (ADDRESS) Earl Hodges Garden City
18. BURIAL, CREMATION, OR REMOVAL
PLACE Garden City cem DATE April 3 1938
19. UNDERTAKER (ADDRESS) J.M. Kauffman Garden City,
20. FILED Mar 31 1938 Geo W Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 31 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1937 attended deceased, 19
I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Probably Heart attack man was dead when I was called

Date of onset

Other contributory causes of importance:

200 a

Name of operation none 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) Frank B Gellis, M. D.
(Address) Garden City Mo

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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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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