

REC'D AUG 8 1938

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

24329  
Do not use this space

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township West Primary Registration District No. 1002  
(c) City F.A.C. Mo. (d) Street No. General Hosp #2 Registered No. 3611  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 2302 Campbell St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED OR DIVORCED  
HUSBAND OF James Sterling  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-27-1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
27 8 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maid  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 1

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

13. NAME Rob. Hodgers

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

15. MAIDEN NAME Toma Simons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) n. Carolina

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cemetery DATE 7-14-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) The Funeral Home  
140 E-12 St.

20. FILED 7-13-38 M. M. Crowe, M.D.  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1938, to 7-10, 1938

I last saw her alive on 7-10, 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Ruptured Appendix  
Date of onset 7-1  
Other contributory causes of importance Generalized Peritonitis

Name of operation (Not operated)

What test confirmed diagnosis? Clinical 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) P. C. Brewer, M. D.

(Address) General Hosp #2

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *B. L. Graham*

Licensed Embalmer No. *2540*

P. O. Address *2208 Vine St KCMO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.