

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

Do not use this space.

27173

REC'D AUG 11 1939

1. PLACE OF DEATH  
 114 County Wright 1 Registration District No. 908  
 3 Township Wagon Wheel Primary Registration District No. 4549  
 0 City Wagon Wheel (No. 320) St. Mo Ward 11-21-0  
 2. FULL NAME Ada Hodge  
 (a) Residence, No. Wagon Wheel, Mo St. Mo Ward. 11-21-0  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Tom D. Hodge  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1888  
 7. AGE YEARS 58 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.  
 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) Oct. 1, 1939 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co, Mo  
 13. NAME Jim H. Hodge  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co, Mo  
 15. MAIDEN NAME Martha Doherty  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co, Mo  
 17. INFORMANT (ADDRESS) Wagon Wheel, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Cem. DATE 6-14-39  
 19. UNDERTAKER (ADDRESS) None 831  
 20. FILED 7-28-39 Beulah Matzinger Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 5/27-39 to June 13, 1939  
 I last saw him alive on June 12, 1939 Death is said to have occurred on the date stated above, at 4:59 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Neurosis (Date of onset 6/11/39)  
g.f.k.  
 Other contributory causes of importance:  
Arteriosclerosis  
 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 OT frame  
 (Signed) Wagon Wheel, Mo  
Mountain View, 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.

RECEIVED

Health Officer No. 6,  
District File Number 839-1570  
Date Filed AUG 9 1939