

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

Do not use this space.

40582

1. PLACE OF DEATH

County Pettis Registration District No. 719
 Township Clem Primary Registration District No. 5-950
 City (No. 322) St. _____ Ward _____

File No. _____
 Registered No. 18

2. FULL NAME

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

Venetta Fern Hodges

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 19 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
 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) Pettis Co., Mo.

FATHER
 13. NAME Robert Fern Hodges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co., Mo.

MOTHER
 15. MAIDEN NAME Esther Annus Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co., Mo.

17. INFORMANT (ADDRESS) Robert Fern Hodges, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Lane Cem. DATE Nov-22-1939

19. UNDERTAKER (ADDRESS) T. O. Husted & Son, Unionville, Mo.

20. FILED Dec 1939 Mamie Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 22 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1939, to Nov 19, 1939
 I last saw her alive on Nov. 18, 1939 Death is said to have occurred on the date stated above, at H.M.A.

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

Premature birth 6 1/2 or 7 months
 Other contributory causes of importance: 154
 Name of operation None Date of _____
 What test confirmed diagnosis Autopsy 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. W. G. Gillman, M.D.
 (Address) Unionville, Mo.

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

District Health Officer No. 10

District File Number 12-39-2103

Date Filed DEC 7 1939