

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Special Occasion No. No record known

FILED OCT 10 1940

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

Martin  
32264  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 411  
 (b) Township Goplen Primary Registration District No. 2002  
 (c) City Goplen (d) Street No. St. Johns Hospital Registered No. \_\_\_\_\_  
 (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 Red Edwin Hodgkins  
 (a) Residence, No. 333 East 12 Street St. Baxter Springs, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Nellie J. Hodgkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1884

7. AGE YEARS 56 MONTHS 6 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Sept. 28, 1940 11. Total time (years) spent in this occupation 36 yrs.

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Baxter Springs Mo

13. NAME Edwin M. Hodgkins

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

15. MAIDEN NAME Anna Dale

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) R. M. Hodgkins  
Baxter Springs Mo

18. MARITAL STATUS, OR REMOVAL PLACE, DATE 9/28/40

19. FUNERAL DIRECTOR (NAME AND ADDRESS) Harvey Solo owner  
Baxter Springs Mo

20. FILED 9-28-40 Ed D. James  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10 to Sept 28, 1940  
 I last saw him alive on Sept 28 1940 Death is said to have occurred on the date stated above, at 7:40 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Mesenteric Thrombosis  
= Gangrene Sigmoid  
Generalized Peritonitis  
 Date of onset 9/19  
9/22  
 Other contributory causes of importance:  
Paralytic Ileus 74 9/22

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) O. L. Draper \_\_\_\_\_, M. D.  
 (Address) Baxter Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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