

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

Do not use this space.

5133

1. PLACE OF DEATH MAR 25 1935

County Henry  
Township Franklin  
City Deepwater (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 351  
Primary Registration District No. H208

File No. \_\_\_\_\_  
Registered No. 31

2. FULL NAME J.M. Hodges

(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) Kulu Hodges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Indianapolis

MOTHER FATHER 13. NAME Henry Maxaton Hodges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica, New York

15. MAIDEN NAME Athaliah Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield, Ohio

17. INFORMANT (ADDRESS) E. B. Hodges, Deepwater, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walton Cem DATE 2-10-35

19. UNDERTAKER (ADDRESS) John Russell, Deepwater, Mo

20. FILED 2-9-1935 J. Russell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-35

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1935 to 2-9-35, 1935  
I last saw him alive on 2-8-35 Death is said to have occurred on the date stated above, at 8 A. m.

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

Fiber. Broncho Pneumonia Date of onset \_\_\_\_\_  
Other contributors causes of importance: See above

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 \_\_\_\_\_  
(Signed) J. J. Russell, M. D.  
(Address) Deepwater

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.

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