

OCT 23 1935

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

Do not use this space.

29344

1. PLACE OF DEATH

County HENRY
Township
City CLINTON (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No.
St. Ward)

2. FULL NAME

Steven F Hodges
(a) Residence, No. 411 E Oak Clinton Mo
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 75 MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "15. MAIDEN NAME "16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT (ADDRESS) L. B. Coe 411 East Oak Clinton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Mo DATE 10-3-3519. UNDERTAKER (ADDRESS) Fred Williamson Clinton Mo20. FILED Oct 5 1935 J. R. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30-35

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1935, to 9-30, 1935

I last saw him alive on 9-30, 1935. Death is said to have occurred on the date stated above, at 10:20 AM. The principal cause of death and related causes of importance were as follows:

Mitral Disease
Auricular Fibrillation
Embolic Block of
Thoracic Artery
Gangrene of Fore Arm

Date of onset

Other contributory causes of importance:

Name of operation Thyroid Date ofWhat test confirmed diagnosis? Thyroid 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

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) E. O. Peeler M. D.(Address) Clinton 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.

