

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

Do not use this space.

18508

1. PLACE OF DEATH

County Washington
Township Bellevue
City (No.)

Registration District No. 885
Primary Registration District No. 9177

File No.
Registered No. 24
St. Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX ♂ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14th 1932

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

22. I HEREBY CERTIFY, That I attended deceased from January 17th, 1932, to May 13th, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14-1860

I last saw her alive on May 13th, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

7. AGE YEARS MONTHS DAYS (If LESS than 1 day, hrs. or min.)
72 2

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

Older Pneumonia Date of onset 5/11-32

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

Other contributory causes of importance:
Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 91

FATHER 13. NAME John Hodges

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2

What test confirmed diagnosis? clinical Was there an autopsy?

MOTHER 15. MAIDEN NAME Unknown

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Walter Talley (ADDRESS) Caledonia Mo

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia DATE 5-16 1932

Nature of injury

19. UNDERTAKER White & Sons (ADDRESS) Proctor Mo

24. Was disease or injury in any way related to occupation of deceased?

20. FILED May 30 1932 Mrs. J.M. Knox Registrar.

If so, specify

(Signed) J. H. Houston, M. D.

(Address) Belgrade, Mo.

Exact statement of OCCUPATION is very important.

