

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

Do not use this space.

FEB 27 1934  
 1-25-27-1934

1908

File No. ....  
 Registered No. ....  
 St. .... Ward)

1. PLACE OF DEATH  
 County Monticau Registration District No. 1095  
 Township Monticau Primary Registration District No. 4336  
 City Clarksberg (No. ....) St. .... Ward)

2. FULL NAME Mary A. 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>2</u>	<u>27</u>	

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

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) Monticau Co

MOTHER FATHER

13. NAME Sedrick Yans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

MOTHER

15. MAIDEN NAME Bernecia Huff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

17. INFORMANT Edna Hodges  
 (ADDRESS) Clarksberg Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Salmon Green DATE Jan 21 1934

19. UNDERTAKER William F. Friedmeyer  
 (ADDRESS) California Mo

20. FILED 1-30 1934 J. C. Martin  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1933, to Jan 20 1934  
 I last saw her alive on Jan 20 1934 Death is said to have occurred on the date stated above, at 8:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Fracture left femur Date of onset 12/12/33  
Diabetes Mellitus 1915  
 Other contributory causes of importance  
none  
 Name of operation none Date of  
 What test confirmed diagnosis? Clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident date of injury 12/12 1934  
 Where did injury occur? Clarksberg Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Kitchen own home  
 Manner of injury Fell on kitchen floor  
 Nature of injury Fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify  
 (Signed) Edgar A. Tette, M. D.  
 (Address) California Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

