Do not use this space.

36760

DEC 19 1935

1. PLACE OF DEATH

County _Moniteau_   Registration District No. _671_   File No.

Township _Walker_   Primary Registration District No.

City _CENTERTOWN, MO_   (No. _____ St., _____ Ward)   Registered No.

CENTERTOWN, MO

2. FULL NAME _Edward Christian Hodler_

(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 _W._

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Married_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _June 9-1875_

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	5	18	

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

9. Industry or business in which work was done, as silk 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) _Ohio_

13. NAME _Edward Hodler_

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

15. MAIDEN NAME _Don't know_

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

17. INFORMANT (ADDRESS) _Edward Hodler Jr._ _McBird Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Salem Evangelical Cem._ DATE _11/29/35_

19. UNDERTAKER (ADDRESS) _Milligees & Friedmeyer_ _California Mo_

20. FILED _12-6-1935_ _H R Popejoy_, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _11-28-1935_

22. I HEREBY CERTIFY, That I attended deceased from _Nov. 14_, 1935, **to** _Nov. 27_, 1935.

I last saw him alive on _Nov. 27_, 1935. Death is said to have occurred on the date stated above, at _4 20 p.m._

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

Chronic Valvular Heart Disease   Date of onset

Other contributory causes of importance: _Asthma and Tuberculosis of Throat_

Name of operation _none_   Date of
What test confirmed diagnosis? _none_   Was there an autopsy? _no_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _no_   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) _Frank J. Nichols_, M.D.

(Address) CENTERTOWN, MO.