

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

Do not use this space.

3716

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. St. L. Childrens Hosp.) St. 1 Ward 316

**2. FULL NAME**

Harold Laverne Hodel

(a) Residence No. Jonesboro Ill. 12 Ward..... (If nonresident give city or town and State)  
 (Usual place of abode)

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) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF 0

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-12-27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 1 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Jonesboro  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Ernest Hodel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jonesboro  
 (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Dorothy Axley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jonesboro  
 (STATE OR COUNTRY) Ill.

14. INFORMANT J. Howard  
 (Address) 500 So. Kansas Hiway

15. FILED NOV - 7 1928 Max E. Fisher REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-6 1929, to 1-6 1929, that I last saw him alive on 1-6 1929, and that death occurred, on the date stated above, at 7:20 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Foreign body in Left Bronchus  
Bleeds pneumonia (non TB)  
15 days  
101A (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Acute tracheitis (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis Childrens Hosp  
 IF NOT AT PLACE OF DEATH.....

2. DISEASE OPERATION PRECEDE DEATH? yes DATE OF 1-5-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam  
 (Signed) George A. Little M. D.  
 , 19 (Address) St. Louis Childrens Hosp

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jonesboro Ill. DATE OF BURIAL 1-6 1929

20. UNDERTAKER Novis & Son ADDRESS Jonesboro Ill.

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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