

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

Do not use this space.

39752

APR 20 1931

PLACE OF DEATH

County Jasper  
Township Parcell  
City Parcell (No. ....)

Registration District No. 394  
Primary Registration District No. 4550

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

2. FULL NAME Mrs. Tomires Rodson

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1930, to Dec 21, 1930 that I last saw her alive on Dec 20, 1930, and that death occurred, on the date stated above, at 10:30 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18-1840

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Shock following fract  
R. hip & leg injury  
186A  
194B

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>90</u>	<u>10</u>	<u>3</u>	

CONTRIBUTORY (SECONDARY) chronic nephritis  
(duration) .... yrs. .... mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED  
At Home

9. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 12/23 1930

10. NAME OF FATHER Corndius Winters

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

12. MAIDEN NAME OF MOTHER Mary Passion

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Neaves Cemetery DATE OF BURIAL 12/23 1930

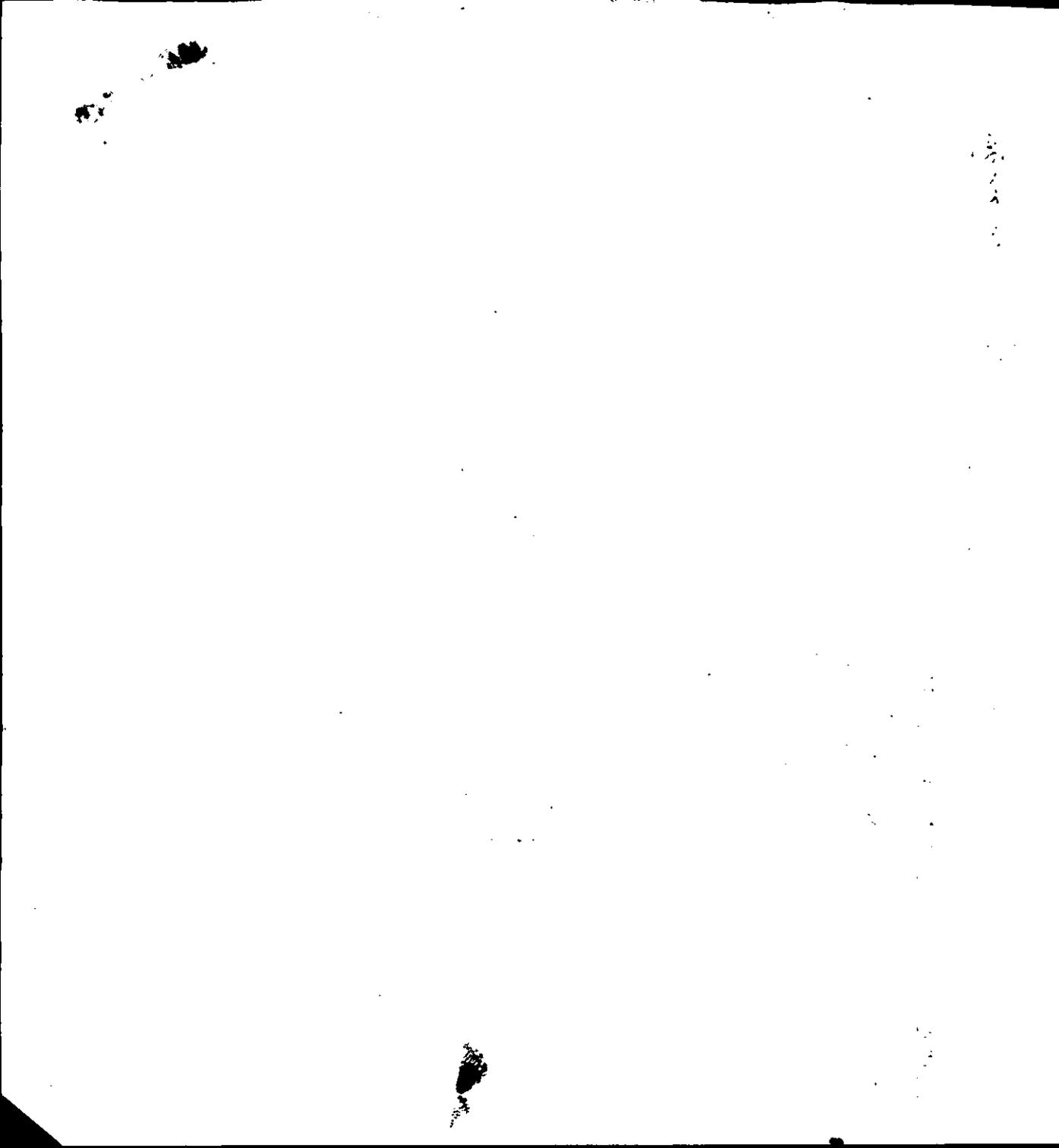
14. INFORMANT Hugh Rodson  
(Address) Cross 90. No.

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) W. J. ... M. D.  
12/23 1930 (Address) Webb City Mo

15. FILED 1223 1930 Jasper REGISTRAR

20. UNDER-TAKER Webb City Und Co. Webb City

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



Caused by check marks, lacking from the death certificate.

Name: Mrs. Tomires Hodson

Who died at: Purcell, Mo on Dec. 21, 1930,

Residence: No. 307 St. Custer  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 22. Months 4 Days 18

Sex: Female Color or race: W. Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years 90 Months 10 Days 3

Occupation: (a) Trade House Wife (b) Industry: \_\_\_\_\_

Birthplace (State or country) Kentucky

Birthplace of father (State or country) Kentucky

Birthplace of mother (State or country) Kent.

CAUSE OF DEATH: Shock following fracture right hip and leg injury  
Contributory: Chronic nephritis

Slipped and fell off of porch.

Where was disease contracted? \_\_\_\_\_

Did operation precede death? No Date of Med

Was there an autopsy? no What test confirmed diagnosis? \_\_\_\_\_

Name of physician: W. H. Hogan

Address of physician: Neck, Mo.

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