2463

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 497

Registered No. 45

1. PLACE OF DEATH

County Pima State

District or Township or Village or

City Globe No. New Cornelia Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Harry Calvin Hodges

(a) Residence, No. St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie L Cota Hodges

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 29 Months 4 Days 27 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bellington Kans (State or country)

PARENTS

10. NAME OF FATHER Alexander Hodges Hodges

11. BIRTHPLACE OF FATHER Do not know (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Clista Jane Jenkins

13. BIRTHPLACE OF MOTHER Bellington Kans (city or town) (State or country)

14. Informant Mrs. Marie L. Cota Hodges. (Address)

15. Filed June 27, 1929 John S Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF BIRTH January 21 1900 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1929 to June 16, 1929 that I last saw him alive on June 16, 1929 and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Appendicitis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 6

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H D Allwood M. D.

June 18 1929 (Address) Globe

* 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Hig Hig

DATE OF BURIAL: June 27 1929

20. UNDERTAKER: H. T. Lyons

ADDRESS: Hig Hig.