State Form No. 825—1921, Approved by Department of Efficiency.

PLACE OF DEATH

Washington State Board of Health

Record No. 595

County of Pierce

BUREAU OF VITAL STATISTICS

Registered No. 641

City or Town of Tacoma

CERTIFICATE OF DEATH

Registration Dist. No. M-1 No. ...., (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Jennie A. Hodge 320

(a) Residence No. 5022 So. L St.; (Usual place of abode)

(b) If non-resident, give city or town, and state

(c) How long in Registration Dist. 31 yrs. ... mos. ... ds.; how long in U. S. if of foreign birth ... yrs. ... mos. ... ds.

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.

Personal and Statistical Particulars

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (Write the word): Widow

5. (a) If married, widowed or divorced: Husband of / or / Wife of

6. Date of birth: Nov. 25 1846 (Month) (Day) (Year)

7. Age 75 yrs. 7 mos. 8 ds. If less than one day ... hrs. or ... min.

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

9. Birthplace (City or town) (State or Country) Ohio

PARENTS

10. Name of Father: John Guy
11. Birthplace of Father (City or town) (State or Country): Ohio
12. Maiden name of Mother: - - Mauck
13. Birthplace of Mother (City or town) (State or Country): Ohio

14. Informant: Chas. E. Hodge
Address: 5022 So. L St.

15. Filed Jul. 5, 1922 Edith I. Moody, Registrar. Deputy

Medical Certificate of Death

16. Date of Death: July 4, 1922 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1922 to July 4, 1922

that I last saw her alive on July 4, 1922

and that death occurred on the date stated above, at 7P.m.

(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.)

The CAUSE OF DEATH was as follows:

(Primary) Cerebral hemorrhage. followed by paralysis. 74 A

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Broncho pneumonia.

(Duration) ... yrs. ... mos. 4 ds.

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

(a) Did an operation precede death? ... Date of

(b) Was there an autopsy?

(c) What test confirmed diagnosis?

(Signed) T. J. Allen M. D.

..., 192.. Address 238 Perkins Bldg

19. Place of Burial, Cremation or Removal: Tacoma Cemetery — Date of Burial: 7/6/ 1922

20. Undertaker: Geo. W. Piper — Address: Tacoma, Wn.

AUG 7 1922

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions ... (Insert numbers of unanswered questions)

(Signature of Undertaker)

Typhoid 13.