S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 2500.

284

PLACE OF DEATH

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of Pierce

City or Town of Tacoma

Registration Dist. No. R-10

Record No. 238

Registered No.

No. Five Mile Lake near Edgewood
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Charles Elliott Hodge 32 a

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

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

(c) How long in Registration Dist. ....yrs. 1 mos. ....ds.; how long in U. S. if of foreign birth ....yrs. ....mos. ....ds.

Personal and Statistical Particulars

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
male	white	married

5. (a) If married, widowed or divorced: Husband of Catherine Gray Hodge
or
Wife of .....

6. Date of birth: May (Month) 22 (Day) 1875 (Year)

7. Age: 51 yrs. 11 mos. 13 ds. If less than one day: ....hrs. ....or min.

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

9. Birthplace (City or town) Galapolis
(State or country) Ohio

PARENTS

10. Name of Father James M. Hodge
11. Birthplace of Father (City or town) (State or Country) Va.
12. Maiden name of Mother Jane Guy
13. Birthplace of Mother (City or town) (State or Country) Ohio

14. Informant Catherine G. Hodge
Address Bellingham Wash.

15. Filed MAY 10 1927 R. H. Connell Registrar.

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

MAY 5 1927 (Signature of Undertaker)

Medical Certificate of Death

16. Date of death May (Month) 9 (Day), 1927 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1927, to May 5, 1927
that I last saw him alive on May 5, 1927
and that death occurred on the date stated above, at 9:30 a.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) Encephalitis 33
Lethargica

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY
(Secondary) .....

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

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

(a) Did an operation precede death? No. Date of .....

(b) Was there an autopsy? No

(c) What test confirmed diagnosis? .....

(Signed) Joseph T. Quigley M. D.

5-10 1927 Address .....

19. Place of Burial, Cremation or Removal: Mausoleum — Date of Burial: May 11, 1927

20. Undertaker: BUCKLEY-KING CO. — Address: TACOMA, WASH.

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.