

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

9764

1. PLACE OF DEATH
 County Pike Registration District No. 689 File No. _____
 Township Levianna Primary Registration District No. 3033 Registered No. 24
 City Levianna (No. 316 Maryland) St. 2 (Ward)

2. FULL NAME Stonewall Jackson Hogue
 (a) Residence. No. 316 Maryland St. 2 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 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 or (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 9 1

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pike Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Sam Hogue

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

12. MAIDEN NAME OF MOTHER Manda Oliver

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

14. INFORMANT Sam Hogue
 (Address) Levianna Mo

15. FILED 4/7 23 Fred W. Oberster
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1922

17. I HEREBY CERTIFY That I attended deceased from Mar 11 1922 to Mar 13 1922
 that I last saw him alive on Mar 13 1922, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

IB Influenza

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) A. K. Kelly, M. D.

3/12 1922 (Address) Levianna Mo

*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 Arkaville Mo DATE OF BURIAL 3/15 1922

20. UNDERTAKER P. H. Kelly ADDRESS Levianna Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

