

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

Do not use this space.

22945

1. PLACE OF DEATH

County Dunklin
Township Buffalo
City (No.)

Registration District No. 283
Primary Registration District No. 5402

File No.
Registered No. 48
St. Ward

2. FULL NAME

Cornelius Hoggins

(a) Residence No. 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9th 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 11 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(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) Dunklin Co Mo

PARENTS

10. NAME OF FATHER James E. Hoggins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo

12. MAIDEN NAME OF MOTHER Ethel E. Taylor

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

14. INFORMANT (Address) Joe Hoggins
Cardwell Mo

15. FILED 831 1924 Mrs. May Walker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1924

17. I HEREBY CERTIFY, That I attended deceased from Aug 26th 1924 to Aug 31 1924 that I last saw him alive on Aug 30th 1924 and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera infantum
112A

CONTRIBUTORY (SECONDARY) 113

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? None

(Signed) D. A. Garner, M. D.

, 19 (Address) Cardwell Mo

*State the DISEASE CAUSING DEATH, or in death 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 Horseshoe Cemetery DATE OF BURIAL Sept 10th 1924

20. UNDERTAKER Farmers Union Store Co ADDRESS Reynolds 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.

