MAY 27 1927

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

Do not use this space.

12058

1. PLACE OF DEATH

County Jasper. Registration District No. 411 File No.

Township Primary Registration District No. 2002 Registered No. 194

City Joplin. (No. 2610 Pearl St. Ward)

2. FULL NAME Raymond Lee Hoagland

(a) Residence. No. St., 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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 17 - 26

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

9. BIRTHPLACE (CITY OR TOWN) Joplin Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER K E Hoagland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Idaho
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Delia Harmon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT K E Hoagland
(Address) Joplin Mo

15. FILED 4/11 1927 A Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 9 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 7 - 1927, to Apr. 9 - 1927 that I last saw h alive on Apr 9 - 1927 and that death occurred, on the date stated above, at 6.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Introsusception

12213 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 11831

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E D James, M. D

4/11, 1927 (Address) Joplin 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fairview
DATE OF BURIAL: 4-11-27

20. UNDERTAKER: Hurrell Bull Co
ADDRESS: Joplin 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.

Introsusception