

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

Do not use this space.

34030-A

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.

1. PLACE OF DEATH

County: McDonald
Township: Elk River
City: Noel Route #1 (No.)

Registration District No. 963
Primary Registration District No. 5692

File No. 461
Registered No. 461 St. Ward)

2. FULL NAME John Whittington Hoagland

(a) Residence. No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 17-1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	76	3	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Veterinary Surgeon
(b) General nature of industry, business, or establishment in which employed (or employer) Veteranian
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Isaac Hoagland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Whittington

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

14. INFORMANT Mrs Ed Cookerly
(Address) 26th & Schifferdecker

15. J. L. Whiston M.D.
REGISTRAR
6/10/1928

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1927, to Nov 18, 1927, that I last saw him alive on Nov 18, 1927, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Hepatitis and
uremia
131
822A (duration) 7 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 1270 (duration) 7 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 1270
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. W. City M.D., M. D.

, 19 (Address) J. W. City Mo.

*State the DISEASE CAUSING DEATH, or if 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 Round Grove Cemetery DATE OF BURIAL Nov 22nd
Near Miller Missouri 1927

20. UNDERTAKER Nichols Brothers ADDRESS Southwest City Missouri

