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

Do not use this space. 1286

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 310

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 3624 Campbell Street St. Ward)

2. FULL NAME Katherine Messick Hocker

(a) Residence. No. 3624 Campbell 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph H. Hocker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	5	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Samuel Messick

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

12. MAIDEN NAME OF MOTHER Harriet Robertson

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

14. INFORMANT Joseph H. Hocker (Address) 3624 Campbell St.

15. FILED Jan 23 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 21 1928

17. I HEREBY CERTIFY, That I attended deceased from July 3rd 1927, to Jan 21st 1928, that I last saw her alive on Jan 21st 1928, and that death occurred, on the date stated above, at 7:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131

95 B

Uraemia

156 B (duration) yrs. 7 mos. 17 ds.

CONTRIBUTORY (SECONDARY) Cardio-vascular disease with Inter stitial nephritis (duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129a

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & laboratory

(Signed) Dan V. Ayres, M. D.

1-21, 1928 (Address) 814 Argyle Bldg.

*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~~ Mt. Washington Cem — DATE OF BURIAL 1-23 1928

20. UNDERTAKER Stine & McClure — ADDRESS 924 Oak

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.

814 Argyle