

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

Do not use this space.

7254

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 003
 City St. Louis (No. Barnard Sen. Canal Frank) St. _____ Ward _____
 Registered No. 2230

2. FULL NAME

John Hoats
 (a) Residence. No. _____ St. 21 Ward. Babool Mo.
 (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 OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-8-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
52 | 0 | 18 | _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmhand
 (b) General nature of industry, business, or establishment in which employed (or employer) farming
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Hoats

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

12. MAIDEN NAME OF MOTHER Nizish Allee

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

14. INFORMANT R. M. S. Myler
 (Address) 3427 Washington

15. FILED 3 28 1928
Mar. G. Barbery
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1928
 17. _____

I HEREBY CERTIFY, That I attended deceased from Feb 23, 1928, to Feb 26, 1928, that I last saw h. usa. alive on Feb 26, 1928, and that death occurred, on the date stated above, at 2:40 7 m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Alidrosis non Diabetic
Uremic chronic Nephritis
Thrombosis (?) of the
Coronary Arteries (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Cancer Left Atrium (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Babool, Mo.
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH. yes DATE OF 2-22-28
 WAS THERE AN AUTOPSY No

WHAT TEST CONFIRMED DIAGNOSIS. Clinical
Leus Horstad (Address) 3427 Washington St. Mo.
 (Signature) _____ (M.D.)

*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 Babool Mo. DATE OF BURIAL 7 28 1928

20. UNDERTAKER A. Ellis S. & O. Dehman
 ADDRESS _____

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

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.

