

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 1928

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

Do not use this space.

13658

1. PLACE OF DEATH

County..... Jackson
Township..... Prairie
City..... (No.....)

Registration District No. 400
Primary Registration District No. 5253B

File No.....
Registered No. 57
St. _____ Ward)

2. FULL NAME..... Eros Hostetter

(a) Residence. No. Jackson Co. Home Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 3 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about - 80 ✓ ✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Tobacco Business
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

PARENTS

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER Anna J. Adams

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

14. INFORMANT J. M. Hostetter
(Address) Lt. Jackson Co. Home

15. April 24 1928 J. M. Gehl
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24-1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1927, to April 24th, 1928, that I last saw him alive on April 24, 1928, and that death occurred, on the date stated above, at 9.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

CONTRIBUTORY (SECONDARY) General arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS. Chem and
(Signed) J. H. Green M.D.
, 19 (Address) Independence 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 Highland Park Cemetery DATE OF BURIAL April 26 1928

20. UNDERTAKER Ap. D. Gehl ADDRESS 1410 E 10

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