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

Do not use this space.
16613
~~16615~~ A
~~16625~~

1. PLACE OF DEATH
County: Dallas
Township: Ky-Benton
City: Buffalo (No. ..... St. ..... Ward)
Registration District No. .....
Primary Registration District No. 231
File No. .....
Registered No. 292

2. FULL NAME: Alfred R. Hoaten
(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): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/16/1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	1	10	

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) .....
(STATE OR COUNTRY): Ind.

PARENTS

10. NAME OF FATHER: Milton Hoaten
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ind.
12. MAIDEN NAME OF MOTHER: Melser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ind

14. INFORMANT: O. Hoaten
(Address): Buffalo, Mo.

15. FILED 5/10, 1928 Harvey Morrow
Plummer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/6 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to May 6, 1928 that I last saw ~~him~~ alive on May 5, 1928 and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous
131 Nephritis 2 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (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? Usual
(Signed) G. H. Plummer, M. D
, 19 (Address)

*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: Reynolds Chapel
DATE OF BURIAL: 5/7 1928

20. UNDERTAKER: C. Raith & Son
ADDRESS: Buffalo, Mo.