1928

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

Do not use this space.

32582

1. PLACE OF DEATH
County: Webster
Township: High Prairie
City: ..... (No. ..... St. ..... Ward)
Registration District No.: 896
Primary Registration District No.: 6200
File No.:
Registered No.: 46

2. FULL NAME: Victoria Lucille Van Hoozer

(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: Female
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): Aug. 24, 1925

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	1	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Wright Co. Mo

PARENTS

10. NAME OF FATHER: Vass Van Hoozer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Webster Co. Mo
12. MAIDEN NAME OF MOTHER: Lona Cantrell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Webster Co Mo

14. INFORMANT: Vass Vanhoozer
(Address): Marshfield Mo R3

15. FILED: 9/30, 1928 J. B. Bruce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1928, to Sept 27, 1928, that I last saw h. alive on Sept 26, 1928, and that death occurred, on the date stated above, at 4-30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria not
laryngeal
10 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

8

(Signed) M. G. Roberts, M. D
9/27, 1928 (Address) Marshfield 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: Mt Zion
DATE OF BURIAL: 9/28 1928

20. UNDERTAKER: A. J. McMahan
ADDRESS: Marshfield

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.