

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

Do not use this space.

34150

1. PLACE OF DEATH

County Macou Registration District No. 526 File No. _____
 Township Ryda Primary Registration District No. 5700 Registered No. _____
 City Atlanta Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Ela Hochiusmith

(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 50 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) widow

5A. If MARRIED, WIDOWED, ~~OR DIVORCED~~ WIDOWED
 (Name) WIFE OF Geo. Hochiusmith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18 - 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 | 1 | 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employee) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson Co Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Granvil Thomas

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

12. MAIDEN NAME OF MOTHER Lucy Featherstone

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

14. INFORMANT Mrs. H.S. Paxton
 (Address) Atlanta Mo

15. FILED Nov. 5, 1928 A.L. Camba
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Oct 19, 1928
 that I last saw h. alive on Oct 28, 1928, and that death occurred, on the date stated above, at 12.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
10 1/2 yrs (duration) 2 yrs. mos. ds.
 CONTRIBUTORY Bronchitis
 (SECONDARY) (duration) 2 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?
 (Signed) A. L. Ryda M. D.

, 19 (Address) Atlanta 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 Tabor DATE OF BURIAL 10-7-1928

20. UNDERTAKER Hon Gooding ADDRESS Atlanta Mo

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.

WITH OBTAINING THIS IS A PERMANENT RECORD

