28-10-7
65. 5-10
63. 4-27

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

Do not use this space.

34427

1. PLACE OF DEATH
County Pike
Township Bowling Green
City Bowling Green No. 319 Main Cross St. Ward)
Registration District No. 684
Primary Registration District No. 4408
File No. 37
Registered No. 37

2. FULL NAME Mary Virginia Hostetter
(a) Residence. No. 319 Main Cross 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/10/65

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	4	27	

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

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

PARENTS
10. NAME OF FATHER Isaac N Jump
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Susan Stark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Jeff D Hostetter
(Address) Bowling Green Mo

15. FILED 10/10, 1928 W F Summerkamp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/7 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1928, to Oct 7th, 1928, that I last saw her alive on Oct 7, 1928, and that death occurred, on the date stated above, at 1:50 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteria sclerosis.
98
(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? Clinical
(Signed) G. H. Tinsley, M. D
10/7, 1928 (Address) Bowling Green 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 Stark Cemetry Pike Co Mo
DATE OF BURIAL 10/8 1928

20. UNDERTAKER F C Haley Jr
ADDRESS Louisiana 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.