

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

Do not use this space.

2974

1. PLACE OF DEATH

County Platte
Township Little
City (No.) (St.) (Ward)

Registration District No. 698
Primary Registration District No. 5722

File No. 670
Registered No. 2

2. FULL NAME

Adeline Hoy

(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 82 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-1826

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>102</u>	<u>3</u>	<u>15</u>		

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) None
(c) Name of employer None

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

10. NAME OF FATHER Benjamin McQuiddy

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

12. MAIDEN NAME OF MOTHER Diana House

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

14. INFORMANT (Address) John Hoy
Parkville Mo

15. FILED 1/12 29 F. W. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1929

17. I HEREBY CERTIFY, That I attended deceased from 1929, to Jan 10 1929 that I last saw him alive on Jan 5 1929, and that death occurred, on the date stated above, at 2 P

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

CONTRIBUTORY (SECONDARY) 15 1/4 (duration) yrs. mos. da.

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) J. W. ..., M. D.
, 19 1929 (Address) 12th St

*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 Jan 12 - DATE OF BURIAL 1-12 1929

20. UNDERTAKER Harry Roland Parkville ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK.

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