

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

Do not use this space.

2989

1. PLACE OF DEATH

County..... Registration District No. 73
 Township..... Primary Registration District No. 5103
 City ST. LOUIS MO. 5916 Plymouth Ave. St. _____ Ward _____

File No. _____
 Registered No. 601
 St. _____ Ward _____

2. FULL NAME Mary C. Hosmer

(a) Residence. No. 5916 Plymouth Ave. St. 5 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 John G. Hosmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-6-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 1 6

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

9. BIRTHPLACE (CITY OR TOWN) Wayne Co.
 (STATE OR COUNTRY) Michigan

10. NAME OF FATHER Mathew Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) U.S.A.

12. MAIDEN NAME OF MOTHER Eliza Campbell

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

14. INFORMANT John C. Hosmer
 (Address) 5916 Plymouth Ave

15. FILED 1-19-1929 W. C. Starbuck
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12-1929

17. I HEREBY CERTIFY, That I attended deceased from 1-5-1929, to 1-12-1929, that I last saw him alive on 1-11-1929 and that death occurred, on the date stated above, at 6:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bureau - Pneumonia
following the grip.

(duration) yrs. mos. 5 ds.
 CONTRIBUTORY (SECONDARY) PT has been crippled for 20 yrs. with multiple arthritis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IS NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) L. W. Bessert M. D.

. 19 (Address) 4502 Olive 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 Bellville Michigan DATE OF BURIAL Jan 13 1929

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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C. W. Bassett Sister Bog - 1
Belmont, N. H.