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

Do not use this space.
14062

MAY 23 1929

1. PLACE OF DEATH
County Cape Girardeau, Mo. Registration District No. 125
Township Cape Girardeau, Mo. Primary Registration District No. 3009
City Cape Girardeau, Mo. 35 N Hanover St. Ward)

File No.
Registered No. 93

2. FULL NAME Dallie Hohms
(a) Residence. No. 35 N Hanover 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 Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8-1894

7. AGE Years 35 - Months 1 - Days 25 If LESS than 1 day, ...hrs. or ....min.

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

262

9. BIRTHPLACE (CITY OR TOWN) Stoddard County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Talbert Hohms
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomfield
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Sarah Bess
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stoddard
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Sarah Hohms
(Address) Cape Girardeau, Mo

15. FILED 4-8, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1929 to Apr 4, 1929 that I last saw her alive on Apr 3, 1929, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
[illegible]
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
(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?
(Signed) [signature], M. D.
, 19 (Address) Cape Girardeau 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 Shady Grove
DATE OF BURIAL 4-8 1929

20. UNDERTAKER Al Dunkopf
ADDRESS 536 Broadway

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.