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.

OCT 23 1929

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

Do not use this space.

30624

1. PLACE OF DEATH
County Grundy — Registration District No. 330 — File No.
Township — Primary Registration District No. 3017 — Registered No.
City Trenton (No. ... St. ... Ward)

2. FULL NAME Iva Hochstetler
(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 yrs. 20 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: Harold Hochstetler
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 16 – 1909
7. AGE: Years 20 — Months 3 — Days 20 — If LESS than 1 day, ... hrs. or ... min.
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) (STATE OR COUNTRY): Grundy Co Missouri

PARENTS
10. NAME OF FATHER: Chas Wimer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): West Virginia
12. MAIDEN NAME OF MOTHER: Jessie Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Harold Hochstetler
(Address) 414 - W - 10 St Trenton Mo

15. FILED Sept 6, 1929 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 6 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15th, 1929, to Sept 6, 1929, that I last saw her alive on Sept 6, 1929, and that death occurred, on the date stated above, at 1:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of right 24 A
Kidney 36
36 D (duration) 1 yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): Meningitis, tuber
Tumor (duration) ... yrs. ... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Mucalysis
(Signed) G W Bitshe, M. D
Sept 6, 1929 (Address) Trenton, 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: Willis Chapple — DATE OF BURIAL: Sept 7 1929
20. UNDERTAKER: Bern C. Davis — ADDRESS: Trenton Mo

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