

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

Do not use this space.

11502

**1. PLACE OF DEATH**

County Wayne  
Township St. Francis  
City Greenville (No. .... St. .... Ward)

Registration District No. 890  
Primary Registration District No. 4534

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Anna M. Hoggard

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
36 6 15

**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) Wayne Co. Mo.

**10. NAME OF FATHER**

Andrew J. Clay

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Cape Co. Mo.

**12. MAIDEN NAME OF MOTHER**

Amy Hears

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Cape Co. Mo.

**14.**

INFORMANT Grady Hoggard  
(Address) Greenville Mo.

**15.**

FILED 3/10 30 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-9-1930

17. I HEREBY CERTIFY, That I attended deceased from 3-5-30, 19... to 3-9-30, 19... that I last saw her alive on 3-9-30, 19... and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Puerperal Septicemia

CONTRIBUTORY (SECONDARY) Miscarriage (duration) ... yrs. ... mos. ... da. 7

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH.

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo. F. Wagner, M. D.

3-10-1930 (Address) Greenville, 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**

DATE OF BURIAL

Flynn Cem

3-10-1930

**20. UNDERTAKER**

ADDRESS

J. F. Fox

Greenville 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.

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