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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 15996
Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas City (No. St. Luke's Hospt St. Ward)

2. FULL NAME Mrs. Julia W. Hocker
(a) Residence. No. St., Ward. Drexel Mo.
(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 wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5, 1864

7. AGE Years 65 Months 8 Days 27 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Ky.

PARENTS
10. NAME OF FATHER Tilman Hocker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Sarah Morrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs Lena Frazier
(Address) Adriane, Mo

15. FILED 5/2 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1930

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1930, to May 2, 1930, that I last saw her alive on May 2, 1930, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulated Incisional
122A Hernia (abdominal)
(duration) 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Operation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Drexel, Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 2, 1930
WAS THERE AN AUTOPSY? Refused
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) A. M. Ziegler, M. D.
May 2, 1930 (Address) St. Luke's Hospital

*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 Drexel Mo — DATE OF BURIAL May 2 1930

20. UNDERTAKER D. W. Newcomer's Sons K C Mo — ADDRESS

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.