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.

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

Do not use this space.

32913

File No. .....

Registered No. 4[illegible]

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Law — Primary Registration District No. 1002

City Kansas City (No. St. Marys Hosp. St. ..... Ward)

2. FULL NAME Samuel R. Hoge.

(a) Residence. No. Overland Park Kas. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	Wh.	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct.5.1865.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	0	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dairy-man.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio.

PARENTS

10. NAME OF FATHER Elmer Hoge.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio.

12. MAIDEN NAME OF MOTHER Amanda Switzer

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

14. INFORMANT Jos. E. Hoge.
(Address) Overland Park Kans.

15. FILED 10/12, 1930 M. M. Crowe Asst REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1930, to Oct 10, 1930 that I last saw him alive on Oct 10, 1930, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (chronic)
93C
1074 over 3 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute Bronchopneumonia
(duration) yrs. mos. 2 ds.

903

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) P L Jones, M. D

10/11, 1930 (Address) Lenexa Ks.

*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
Corinth Cemetery	10/13/1930
20. UNDERTAKER	**ADDRESS**
Gates Funeral Home	K.C.Ks.