NOV 26 1930

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

Do not use this space.

33542

File No.

Registered No. 785

1. PLACE OF DEATH

County Marion — Registration District No. 547

Township Mason — Primary Registration District No. 30 29

City Hannibal (No. Levering Hospital St. Ward)

2. FULL NAME Blanche Hougloss

(a) Residence. No. 319 Mark Twain Ave 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)
Female	Negro	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
about	44			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Palmyra (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Hougloss

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

12. MAIDEN NAME OF MOTHER Mandy Hougloss

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

14. INFORMANT Mrs Gladys Walker (Address) 319 Mark Twain Ave

15. FILED Oct 29 1930 C E Consiers REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-21 1930

17. I HEREBY CERTIFY, That I attended deceased from 4 30 P m Sept 30, 1930, to Oct 21, 1930 that I last saw her alive on Oct 21, 1930, and that death occurred, on the date stated above, at 4 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

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132 B (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Uremia

(duration) yrs. mos. 25 ds.

129a

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine - Blood chemistry

(Signed) Howard B. Goodrich, M. D.

10-21 1930 (Address) Hannibal 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
Baptist Cem	10/24 1930
20. UNDERTAKER	ADDRESS
Geo E Roberts	Hannibal

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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