

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

Do not use this space.

13586

1. PLACE OF DEATH

County Cole Registration District No. 212
 Township Clark Primary Registration District No. 3292
 City (No. _____) St. _____ Ward _____

File No. 15
 Registered No. _____

2. FULL NAME Malinda May Hoskins

(a) Residence, No. Jefferson City, Mo. R.R. 2, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Dennis Hoskins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6th, 1903</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>8</u>
		<u>15</u>
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>House Wife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henley Missouri</u>		
13. NAME <u>Sterling R. Russell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henley Missouri</u>		
15. MAIDEN NAME <u>Palina Jones</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spring Garden Missouri</u>		
17. INFORMANT <u>S.R. Russell</u> (ADDRESS) <u>Henley Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Henley Cem.</u> DATE <u>Apr. 23rd, 1931</u>		
19. UNDERTAKER <u>G.N. Steffens</u> (ADDRESS) <u>Russellville, Mo.</u>		
20. FILED <u>Apr 30th 1931</u> <u>Hugh S. Ector</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 21st, 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1931 to April 21-31, 1931
 I last saw her alive on April 16th 1931 Death is said to have occurred on the date stated above, at 4-10 A.M.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs.

Other contributory causes of importance:
23A 23

Name of operation _____ Date of _____
 What test confirmed diagnosis? T.B. Was there an autopsy? (1)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1931
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) G. S. Glover, M. D.
 (Address) Russellville Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OCCUPATION if very important. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS of
Statement of

CHURCH

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Cole Registration District No. 212 File No. _____
 Township Clark Primary Registration District No. 5292 Registered No. 11
 City (No. _____) St. _____ Ward _____

2. FULL NAME Malinda May Hoskins
 (a) Residence No. Jefferson City Mo R.R. 2 St. _____ Ward _____
 (Usual place of abode)
 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 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 Dennis Hoskins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6-1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>27</u>	<u>8</u>	<u>15</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Horsewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Sterling B. Russell

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

12. MAIDEN NAME OF MOTHER Patricia Jones

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

14. INFORMANT J. R. Russell
 (Address) Henley Mo

15. FILED June 10 1931 Mr. Lee G. Galloway
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Apr 21, 1931
 that I last saw him alive on Apr 16, 1931, and that death occurred, on the date stated above, at 4:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs

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

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? T. B.
 (Signed) C. S. Grover, M. D.
 , 19 (Address) Russellville 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 Henley Cem. DATE OF BURIAL Apr 23 1931

20. UNDERTAKER G. N. Stephens ADDRESS Russellville

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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.

DECLARATION

S-13584