

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

Do not use this space.

28744

497

1. PLACE OF DEATH

County Linn
Township Enterprise
City P.O. Purdin, Mo. (No. R. F. D. #3)

Registration District No. 5093
Primary Registration District No. 5093

File No. 101
Registered No. 101
St. _____ Ward _____

2. FULL NAME Elza Lee Hoskins

(a) Residence, No. Near Shelby, Linn Co., Missouri Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1931/1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	19	3	1	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) North Salem
(STATE OR COUNTRY) Linn County, Missouri

FATHER 13. NAME Robert E. Hoskins
14. BIRTHPLACE (CITY OR TOWN) Cora
(STATE OR COUNTRY) Sullivan Co., Missouri

MOTHER 15. MAIDEN NAME Laura May Jennings
16. BIRTHPLACE (CITY OR TOWN) Linn County
(STATE OR COUNTRY) Missouri

17. INFORMANT Robert E. Hoskins
(ADDRESS) Purdin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE North Salem DATE Aug. 9 1931

19. UNDERTAKER M. Y. Rusk
(ADDRESS) Brookfield, Missouri

20. FILED _____ 19 Sept 31 M. E. Leonard Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-20 1931 to 8-7 1931
I last saw him alive on 8-7- 1931. Death is said

to have occurred on the date stated above, at 10:40 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary abscess followed by pyrenobacteremia
119B

Date of onset 7-1-31

Other contributory causes of importance:
Shoulder removed for cancer

Name of operation _____ Date of _____
What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury _____, 19____
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? no
If so, specify _____
(Signed) J. M. Boyles, M. D.

(Address) Purdin, Mo.

SEP 24 1931

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.

