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

Do not use this space.

37216

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No. 109
Township — Primary Registration District No. 3015 — Registered No. 218
City Boonville (No. ..... St. ..... Ward)

2. FULL NAME Jay D. Hosford
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

NOV 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.

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~~ Stella Hosford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27th 1907

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
24	2	10	

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

9. BIRTHPLACE (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER J. L. Hosford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Ills
12. MAIDEN NAME OF MOTHER Florence Collison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jacksonville
(STATE OR COUNTRY) Ill.

14. INFORMANT Mrs J. L. Hosford
(Address) Boonville Mo.

15. FILED Nov 6, 1931 G. W. Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6th 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21 — 1931, to Nov. 6 — 1931 that I last saw him alive on Nov 6 1931, and that death occurred, on the date stated above, at 5 O'clock a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Laryngeal Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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? Clinical
(Signed) [signature], M. D.
Nov. 6, 1931 (Address) Boonville, 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: Walnut Grove Cem. Boonville — DATE OF BURIAL: Nov. 8th 1931

20. UNDERTAKER: Schwitzky Funeral Home — ADDRESS: Boonville

By Herman Schwitzky