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

Do not use this space.

File No. 530

Registered No. 7

1. PLACE OF DEATH

26 County: Cole

Registration District No. 213

3 Township:

Primary Registration District No. 3014

8 City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME: Betty Jane Hochler

(a) Residence. No. 708 Walcott 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. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 17-31

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	2	20	

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

9. BIRTHPLACE (CITY OR TOWN): Jefferson City
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: J. M. Hochler

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

12. MAIDEN NAME OF MOTHER: Rebecca Trueman

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

14. INFORMANT: J. M. Hochler
(Address): Jeff City Mo

15. FILED: 1-2-1932 J. M. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 7 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1931, to January 7, 1932 that I last saw her alive on Dec. 17, 1931, and that death occurred, on the date stated above, at 5 a.m. 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Capillary Bronchitis)

1 week 10 days (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pertusis

Since Dec 17 1931 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible], M. D.

, 19 (Address) Jefferson City, 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: Linwood Cem

DATE OF BURIAL: 1/8 1932

20. UNDERTAKER: Dawson-Tarman

ADDRESS: Jc Mo

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.

JAN 23 1932