

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

Do not use this space.

11406-4

1. PLACE OF DEATH
 111 County Wayne Registration District No. 893
 Township Cowan Primary Registration District No. 6195c
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Jennie Hovis
 (a) Residence, No. _____ 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. 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>Napoleon A. Hovis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 29, 1873</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>11</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>wife 205</u>	
	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) (STATE OR COUNTRY) <u>Country Turkey Creek Mo!</u>		
FATHER	13. NAME <u>John Ward</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Country</u>	
MOTHER	15. MAIDEN NAME <u>Elvira Ward</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Country</u>	
17. INFORMANT <u>Horner Hovis</u> (ADDRESS) <u>Wayne, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Turkey Creek</u> DATE <u>Feb 17</u> 19 <u>32</u>		
19. UNDERTAKER <u>Lulu Dorris</u> (ADDRESS) <u>Wayne Mo.</u>		
20. FILED <u>April 8</u> 19 <u>32</u> <u>J. F. Paulsen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1932

23. I HEREBY CERTIFY, That I attended deceased from Feb 12 1932 to Feb 16 1932
 I last saw her alive on Feb 16 1932 Death is said to have occurred on the date stated above, at _____ p. m.
 The principal cause of death and related causes of importance were as follows:
Influenza
Lobar Pneumonia
118
108
 Other contributory causes of importance:
118 (1)

24. Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? _____
 If so, specify _____
 (Signed) Adam F. Wagner, M. D.
 (Address) Wayne, Mo.

Date of onset
3-8-32
3-12

WRITE IN FULLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 19 1932

11406-1

