

WRITE PLAINLY, 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.

MAY 24 1932

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

Do not use this space.

12315

1. PLACE OF DEATH  
 County GRANDY Registration District No. 330  
 Township \_\_\_\_\_ Primary Registration District No. 2017  
 City TRENTON (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME ELVIRA SALRILIA HOSKINS  
 (a) Residence, No. 2007 OAK 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THOMAS HOSKINS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 15 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>1</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

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) MERCER COUNTY MO

FATHER 13. NAME JACK LOGAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barber Co Ky 2

MOTHER 15. MAIDEN NAME EVALINE GIRNER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barber Co Ky.

17. INFORMANT MRS Will SNAPP  
 (ADDRESS) 2007 OAK TRENTON MO

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE HALF ROCK MO DATE 2/12 1932

19. UNDERTAKER Chas E Schraff  
 (ADDRESS) Spickard Mo

20. FILED Apr 12 1932 E. G. Daffy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25 1932 to April 11 1932  
 I last saw her alive on April 8 1932. Death is said to have occurred on the date stated above, at 7 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Organic Heart Disease (Mitral Inefficiency)  
Influenza  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. H. Buller, M. D.  
 (Address) Trenton Mo

