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

Do not use this space.

16753

File No. 123

Registered No.

64 1. PLACE OF DEATH

County Marion — Registration District No. 547

Township Mason — Primary Registration District No. 3029

City Oakwood (No. 1717, Ruby St. Ward)

2. FULL NAME William Henry Hostetter

(a) Residence, No. 1717 Ruby St Oakwood, 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: Male
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 Elizabeth Hostetter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 23, 1837

7. AGE: YEARS 95 MONTHS 2 DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)

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) Pike Co. Missouri

FATHER

13. NAME Enoch Hostetter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Kentucky

MOTHER

15. MAIDEN NAME Sarah Floyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Kentucky

17. INFORMANT (ADDRESS) Nuck Hostetter (Son) 1717 Ruby St Oakwood, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frankford, Mo DATE May 2, 1932

19. UNDERTAKER (ADDRESS) Wm M. Smith 902 Bdwy Hannibal, Mo

20. FILED May 3, 1932 C Clousius
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1931 to May 1, 1932

I last saw him alive on April 29, 1932 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous nephritis — Date of onset 10-1-31

930 131

Other contributory causes of importance:

myocarditis — April 1-32

(1)

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? No

If so, specify .....

(Signed) P. J. Reichmann, M. D.

(Address) 3207 W. Market Oakwood, Mo.

MARGIN RESERVED FOR BINDING

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.

Reichmann

JUN 23 1932

V. S. No. 2.