

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

Do not use this space.

28160

SEP 27 1932

1. PLACE OF DEATH
 98 County Schuyler Registration District No. 805
 1 Township Lancaster Primary Registration District No. 4984
 2 City Lancaster (No.) St. Ward

2. FULL NAME Boyd C. Hope
 (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 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 Sona Hope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 32

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) Downing Mo 1

FATHER

13. NAME G. P. Hope

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Viola Cook

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) G. P. Hope Downing Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE , 19

19. UNDERTAKER (ADDRESS) John A. Roberts Lancaster Mo

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
 I last saw h..... alive on , 19 . Death is said to have occurred on the date stated above, at 2 A. m.
 The principal cause of death and related causes of importance were as follows:
Shot by Peace Officer Date of onset

Other contributory causes of importance: 173 173 (5)

23. If death was due to external causes (violence), fill in also the following:
 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? Homicide Date of injury Aug 16, 1932
 Where did injury occur? Lancaster, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public place
 Manner of injury Shot with Revolver
 Nature of injury Shot thru chest

24. Was disease or injury in any way related to occupation of deceased? N.D.
 If so, specify
 (Signed) M. O. Paine Coroner M. D.
 (Address) Downing, Mo

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Schenckler
Township Lancaster
City Lancaster (No. _____ St. _____ Ward _____)

Registration District No. 805-
Primary Registration District No. 4484

File No. _____
Registered No. 14

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
34 | 6 | 0 | _____ | _____ | _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
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) _____

FATHER
13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Downing, Schenckler, Co.

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE 100 F. Cem. Lancaster Mo. Aug 18, 1932

19. UNDERTAKER (ADDRESS) _____

20. FILED Oct. 6, 1932 W.F. Justice Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the day stated above, at _____ m.

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

_____ Date of onset _____

Other contributory causes of importance: _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

N. B. - Every item of information should be carefully captioned. The word "CAUSE OF DEATH" in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAWS.

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