

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

Do not use this space.

31697

1. PLACE OF DEATH

19 County Cass Registration District No. 156
Township Peculiar Primary Registration District No. 5220
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 15

2. FULL NAME

Henrietta Hoey
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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>Geo Hoey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27-1856</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>11</u>
	DAYS <u>1</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>Home maker</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>Missouri</u>		
FATHER	13. NAME <u>Geo. T. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
MOTHER	15. MAIDEN NAME <u>Ela Jane Stewart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Mrs Fern Belcher</u> (ADDRESS) <u>Greenwood mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Green Cemetery</u> DATE <u>10/30/32</u>		
19. UNDERTAKER <u>Funerary Co</u> (ADDRESS) <u>Harrisonville Mo</u>		
20. FILED <u>10/20</u> 19 <u>32</u> <u>R. F.</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22 1931, to Oct 28, 1932
I last saw her alive on Oct 25, 1932. Death is said to have occurred on the date stated above, at 1:45 AM.
The principal cause of death and related causes of importance were as follows:
Uremia
Chronic Intestinal Neoplasia
131
97
Other contributory causes of importance:
Quarrelous Arteriosclerosis
1920
Date of onset Oct 20, 1932

Name of operation No Date of _____
What test confirmed diagnosis? Ureapain 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) Tricent Holter, M. D.
(Address) 8113 - Lees Summit, Mo.

Dr V. A. Peters Lees Summit Mo.

NOV 28 1932

