

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

Do not use this space.

36467

1. PLACE OF DEATH

County MONROE  
Township  
City PARIS (No. \_\_\_\_\_)

Registration District No. 582  
Primary Registration District No. 4344

File No. 71  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

ROSA LEE HOCKEY

(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 60 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 THALOUS H. HOCKEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 25, 1848

7. AGE YEARS 84 MONTHS 8 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Mo \_\_\_\_\_

13. NAME HARVEY SMITH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA. \_\_\_\_\_

15. MAIDEN NAME ROSA MCKAMEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA. \_\_\_\_\_

17. INFORMANT LELA HOCKEY (ADDRESS) PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE NOV. 13 1932

19. UNDERTAKER Speed & Blakey (ADDRESS) PARIS, MO.

20. FILED NOV. 12, 1932 H. C. Payne Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 11 1932

22. I HEREBY CERTIFY That I attended deceased from Oct 30 1931 to Nov 16 1932

I last saw her alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 7:45 p. m.

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

Uremic poisoning Oct 30/32  
53A  
1328  
Other contributory causes of importance:  
Carcinoma of left kidney Oct 3/31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) H. C. Payne M. D.  
(Address) Paris, Mo

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.

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JAN 9 1932

