

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

Do not use this space.

36858

1. PLACE OF DEATH

93 County St Clair Registration District No. 765
 4 Township _____ Primary Registration District No. 4460
 6 City Osceola (No. _____) St. _____ Ward _____

2. FULL NAME

Franklin Pierce Hostetter
 (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 <u>m</u>	4. COLOR OR RACE <u>w</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>Molly Linney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19 - 1885</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
		DAYS <u>16</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>Crocker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>in store</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 1931</u>	
	11. Total time (years) spent in this occupation <u>years</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Arizona</u> (STATE OR COUNTRY) <u>U. S.</u>		
FATHER	13. NAME <u>Isaac Hostetter</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>don't know</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Hannah Hager</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>don't know</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Augusta Ira Ham</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osceola Mo</u> DATE <u>Nov 6 1932</u>		
19. UNDERTAKER <u>O. S. Hullett</u> (ADDRESS) <u>Osceola Mo</u>		
20. FILED <u>11/10</u> 19 <u>32</u> <u>Paul Seavers</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932, to Nov 5, 1932
 I last saw him alive on Nov 5, 1932 Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
 Other contributory causes of importance: (1)

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.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Paul Seavers, M. D.
 (Address) Osceola Mo

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.

JAN 9 1933

MISSOURI STATE BOARD OF HEALTH

DEPARTMENT RECORD

