

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

Do not use this space.

38361

1. PLACE OF DEATH

7 County Bates
Township
City Rich Hill (No.)

Registration District No. 23
Primary Registration District No. 3000

File No.
Registered No.
St. Ward)

2. FULL NAME

Hiel Hockwood

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Missouri Hockwood

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

Mar-11-1894

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

78

8

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Engineer Stationer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Aburn 2 Indiana

10. NAME OF FATHER

Lucius Hockwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Vermont

12. MAIDEN NAME OF MOTHER

Rose L Hindman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

14. INFORMANT (Address)

Mrs. H. Hockwood Rich Hill Mo.

15. REGISTRAR

Jan 33 Daniel J. Allen

MEDICAL CERTIFICATE OF DEATH

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

Dec 21 1970

17. I HEREBY CERTIFY that I attended deceased from to that I last saw him alive on and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Infarction

CONTRIBUTORY (SECONDARY)

131

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Charles J. Allen, M. D.

. 19 (Address) Rich Hill Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Papinsville

DATE OF BURIAL

Jan 2 1971

20. UNDERTAKER

Pond + Reavley

ADDRESS

Rich Hill

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 21 1933

