

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

Do not use this space.

40942
13

1. PLACE OF DEATH

County Frank
Township Mobile
City Frank (No. 1)

Registration District No. 649
Primary Registration District No. 649

File No. 13
Registered No. 13
St. Frank Ward 1

2. FULL NAME

(a) Residence. No. 30 Frank St. Frank Ward 1
(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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8 - 19-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 day
old

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Linard Hoskins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hoskins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) mo.
(STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED Dec 16 1932 James R. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1932

17. I HEREBY CERTIFY, That I attended deceased from 154 1932, to 154 1932, that I last saw him alive on 154 1932, and that death occurred, on the date stated above, at 154

THE CAUSE OF DEATH* WAS AS FOLLOWS:

not developed
6 month baby

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF (8)

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) (8), M. D.

, 19 (Address)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Thornfield DATE OF BURIAL Dec 11 1932

20. UNDERTAKER neighbors ADDRESS Thornfield

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

27 1932

AM.

11

1941

**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

1. PLACE OF DEATH

County Clark
Township Noble
City _____

Registration District No. 047
Primary Registration District No. 6286

File No.
Registered No. 13
St. Ward

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.
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PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

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)

13. NAME

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

15. MAIDEN NAME

**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER.
(ADDRESS)

720. FILED Dec 10 1932 James R. Doud

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10, 1952

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

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at.....m.

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

A	A	Date of onset
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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 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) James G. Davis, M. D.
(Address) Noble

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