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.

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

Do not use this space.

4225

File No.

Registered No. 1561

1. PLACE OF DEATH

County

Township

City

Registration District No. 791

Primary Registration District No. 10183

(No. ISOLATION HOSPITAL St. Ward)

2. FULL NAME Christine Hoye

(a) Residence, No. 2814 Howard St. St., 20 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1903

7. AGE: YEARS 29 MONTHS 7 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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. House Wife

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) S.C.

FATHER

13. NAME Will Goggins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S.C.

MOTHER

15. MAIDEN NAME Cora Munday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S.C.

17. INFORMANT (ADDRESS) ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

PLACE Potters Field DATE 2/20 1933

19. UNDERTAKER (ADDRESS) A D Richards 2600 McDermott

20. FILED FEB 15 1933 19 Max C Harkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1932, to January 12, 1933.

I last saw her alive on January 15, 1933. Death is said to have occurred on the date stated above, at 7:30 A.m.

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

	Date of onset
Tuberculosis of Lungs	Dec. 1931

Other contributory causes of importance:

Tuberculosis of Intestine	May 1932

Name of operation none Date of

What test confirmed diagnosis? Sputum Was there an autopsy? yes

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 no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Henry J. Ulrich, M. D.

(Address) ISOLATION HOSPITAL