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.

MAY 22 1933

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

Do not use this space.
13119

1. PLACE OF DEATH
48 County Jackson — Registration District No. 396 — File No.
Township Fort Osage — Primary Registration District No. 4233 — Registered No. 11
2 City Buckner (No. , St. Ward)

3 2. FULL NAME Jennie M. Hostuttler

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 57 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26, 1875

7. AGE — YEARS 57 — MONTHS 7 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
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) Buckner Missouri

FATHER
13. NAME John D. Ucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Nancy Barr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amanda Ohio

17. INFORMANT (ADDRESS) Mrs. Alice Martin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buckner DATE April 20, 1933

19. UNDERTAKER (ADDRESS) Vernon M. Reppert Buckner, Missouri

20. FILED 5-10, 1933 N. D. Ravenscroft Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1933, to April 18, 1933.
I last saw her alive on April 18, 1933. Death is said to have occurred on the date stated above, at 4:30 AM
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset
92 A — Dat
82 A — Know
92 A

Other contributory causes of importance:
Cerebral Hemorrhage
0

Name of operation None Date of X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19 X
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) [illegible] W. Robertson, M. D.
(Address) Buckner, Mo.