

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

Do not use this space.

16429

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 398 552
(No. 1000 East Alton)

File No. _____
Registered No. 158
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1000 East Alton 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1852

7. AGE YEARS 80 MONTHS 11 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 years

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 86

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Earth, Missouri

13. NAME Charles Hovey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheaton, Indiana

15. MAIDEN NAME M. Hovey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheaton, Indiana

17. INFORMANT (ADDRESS) Mrs. Joseph Howell, 1106 East Alton

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion DATE May 14, 1933

19. UNDERTAKER (ADDRESS) Townson Funeral Home, Independence, Mo.

20. FILED May 13, 1933 J. L. Bosh Registrar

4 O.K. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/6/29, 1929, to 5/12/33, 1933

I last saw him alive on 5/12/33, 1933. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Org. dis. of heart + acute nephritis
Other contributory causes of importance:
Excessive hypertension of aortic + coronary

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) M. H. Hovey, M. D.
(Address) Independence

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.

JUN 22 1933

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