

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

Do not use this space.

19052

1. PLACE OF DEATH
 County Caldwell Registration District No. 96
 Township Hamilton Primary Registration District No. 4058
 City Hamilton (No. St. Ward)

2. FULL NAME Ella Hoggett
 (a) Residence, No. St. Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>		<u>1</u>	<u>30</u>	

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

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) Quebec Canada

13. NAME William A. Ford

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

15. MAIDEN NAME Nancy McEntioch

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

17. INFORMANT W. A. Ford
(ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Highland DATE June 23, 1933

19. UNDERTAKER Melvin A. Daugherty
(ADDRESS)

20. FILED June 24, 1933 Irene Kemper
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to June 27, 1933
 I last saw her alive on June 21, 1933 Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Heart attack middle
myocardial artery
on R side.
 Other contributory causes of importance: 13/
Arteriosclerosis
Chronic Interstitial Nephritis

Name of operation Date of
 What test confirmed diagnosis? Phys Diag 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 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Herbert R. Booth, M. D.
 (Address) Hamilton Mo

Date of onset
June 13, 1933
before 1921

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.

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20 1933

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