

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

Do not use this space.

33576

**1. PLACE OF DEATH**

County Lawrence  
Township \_\_\_\_\_

Registration District No. 420  
Primary Registration District No. 5633

File No. \_\_\_\_\_  
Registered No. 76  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

City (No) \_\_\_\_\_  
**2. FULL NAME** Sarah Thresa Hocker

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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** Chas Hocker

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 2-1857

**7. AGE** YEARS 76 MONTHS 6 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

**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)** Lawrence co.

**13. NAME** Joseph Bell

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** not known

**15. MAIDEN NAME** Margaret Collins

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** not known

**17. INFORMANT (ADDRESS)** Ryder Hocker  
Richard Gray

**18. BURIAL, CREMATION, OR REMOVAL PLACE** 020037 **DATE** Oct 13 1933

**19. UNDERTAKER (ADDRESS)** Phillip J. Joseth  
Mt. Vernon Mo.

**20. FILED** Oct 14 1933 P.A. Holmes  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

**22. I HEREBY CERTIFY, That I attended deceased from** Jan 1 1931 to Oct 12 1933

I last saw her alive on Oct 11 1933 Death is said to have occurred on the date stated above, at 12:20 A.M.

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

162  
General debility (Senile)  
Specific cause not determined

Date of onset \_\_\_\_\_

Other contributory causes of importance: 162

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Urinal 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) P.A. Holmes, M. D.  
(Address) Mt. Vernon Mo.

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.

NOV 10 1933

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