

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

Do not use this space.

9332

**1. PLACE OF DEATH**

County  Jasper  Registration District No.  408  File No. \_\_\_\_\_  
 Township  Marion  Primary Registration District No.  5563  Registered No. \_\_\_\_\_  
 City  Postville - Garrettsville  St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred  30  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  Male  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  Maudie Van Hoose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  Jan. 6, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 64 1 27

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

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)  Johnson County Kentucky

13. NAME  Moses Van Hoose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Unknown Kentucky

15. MAIDEN NAME  Mary Hoga

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Unknown Kentucky

17. INFORMANT (ADDRESS)  Maudie Van Hoose Garrettsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  Garrettsville, Mo. Mar 8 1934

19. UNDERTAKER (ADDRESS)  Fred Martens Garrettsville, Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)  Mar 3 , 19 34

22. I HEREBY CERTIFY, That I attended deceased from  March 5 , 19 34 , to  Mar 5 , 19 34   
 I last saw him  alive on Mar 3 1934  Death is said to have occurred on the date stated above, at  11:30 a.m.

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

Pulmonary disease, large infarct vessels left chest

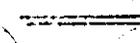
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?  Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide  homicide  Date of injury  3/3 1934   
 Where did injury occur?  Unknown  (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  gunshot wound of chest

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed)  W. J. Dugan , M. D.  
 (Address) \_\_\_\_\_



[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal communication or report.]

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Gasconade  
Township W. Ash Grove  
City                      No.                      St.                      Ward                     

Registration District No. 408  
Primary Registration District No. 5563

File No.                       
Registered No.                     

**2. FULL NAME**

B. L. New House

(a) Residence, No.                      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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

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

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.  
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19          

19. UNDERTAKER (ADDRESS)

20. FILED May 30 1934 L. B. Selinger Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1934

22. I HEREBY CERTIFY, That I attended deceased from 19           to 19          

I last saw h.                      alive on                     , 19          . Death is said to have occurred on the date stated above, at                      m.

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

Date of onset

Other contributory causes of importance:

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

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?                       
If so, specify                     

(Signed)                     , M. D.  
(Address)                     

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE PRESCRIBED BY

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