

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 25 1934

1159

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 35  
 Township St. Joseph Primary Registration District No. 101  
 City St. Joseph (No. Missouri Methodist Hospital) Registered No. 11928  
 St. 403 Ward         

**2. FULL NAME** Darrell Hovey

(a) Residence, No. 213 Harvard 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 10 3

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) St. Joseph  
 (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Charles Hovey  
 14. BIRTHPLACE (CITY OR TOWN) St. Joseph  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ferr. Widener  
Rosendale  
 16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Charles Hovey  
 (ADDRESS) 213 Harvard, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Joseph Cemetery DATE April 4, 1934

19. UNDERTAKER Fred D. Clark  
 (ADDRESS) 5025 King Hill

20. FILED 4-4 1934 John K. Bender  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1934, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1934 to April 2, 1934  
 I last saw him alive on April 2, 1934. 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:

Bronchopneumonia  
11A  
101A  
 Date of onset 3/29/34

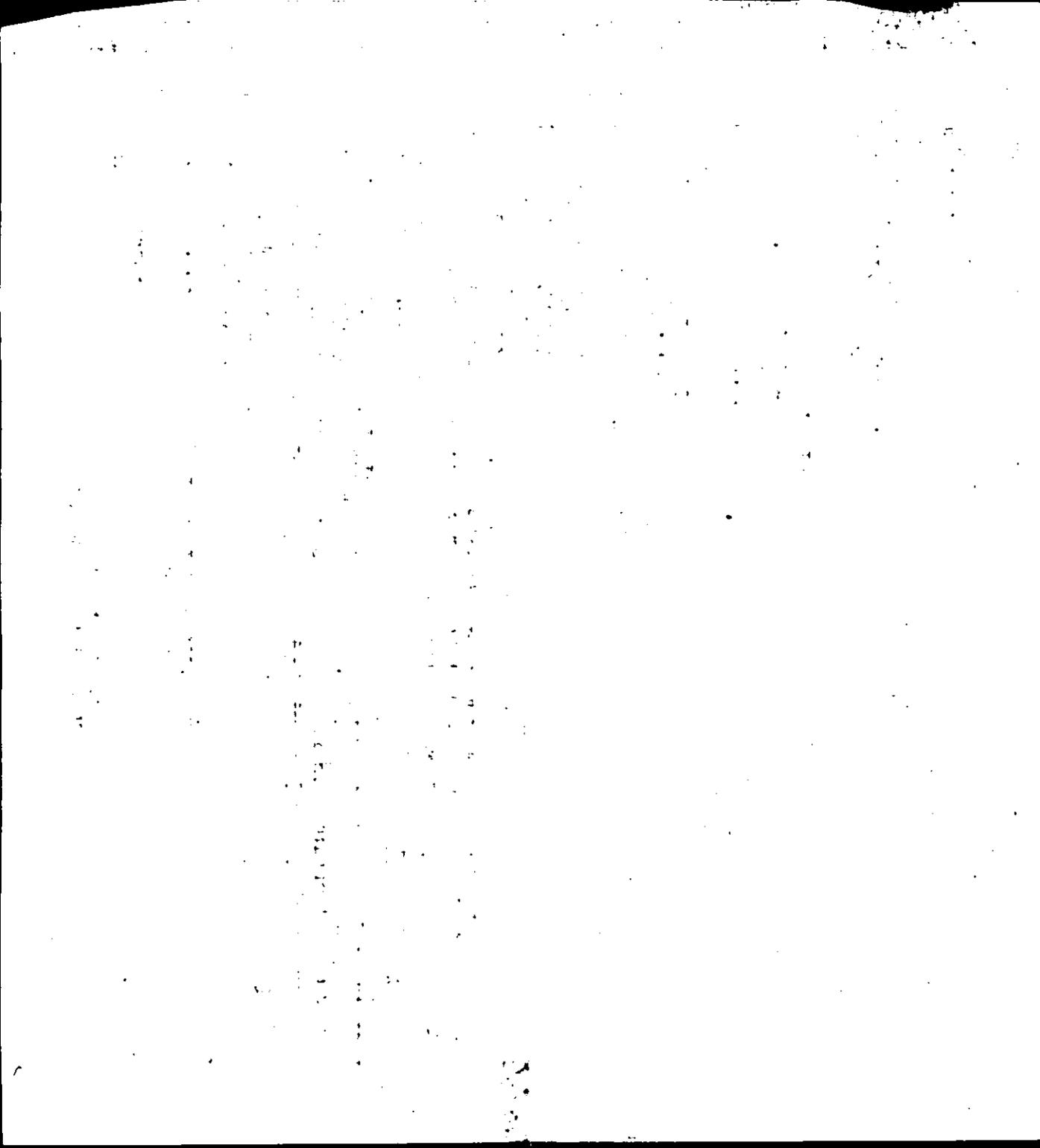
Other contributory causes of importance:

Name of operation none Date of           
 What test confirmed diagnosis? C 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) Mr. Regan Moore, M. D.  
 (Address) St. Joseph, Mo.



#2 Buchanan  
St Joseph

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.  
403

11928

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Darrell Hucy  
Who died at Northland Hosp on Apr 2-1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex m Color or race w Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 1 Months 10 Days 3

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Primary pneumonia

Primary Influenza

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar: John R. Bender

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 85

Very truly yours,

E. J. Mc Gaugh M.D.  
S.A.

Primary Reg. Dist. No. 1001

Special Agent.

5940

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