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 11 1934

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. ..... File No. 19545

Township ..... Primary Registration District No. ..... Registered No. 680

City St. Joseph. (No. Missouri Methodist Hospital. St. ..... Ward)

2. FULL NAME Perry Hockaday.

(a) Residence, No. 2322 South 3rd Street. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cynthia C. Hockaday.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10, 1870

7. AGE: YEARS 63. MONTHS 11 DAYS 26. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chas Worthwine.

10. Date deceased last worked at this occupation (month and year): 1931.

11. Total time (years) spent in this occupation: 3yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County. Missouri.

FATHER

13. NAME: Thomas Hockaday.

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

MOTHER

15. MAIDEN NAME: Cynthia C. Fields.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray County. Missouri.

17. INFORMANT (ADDRESS): Joseph Hockaday. 2101 South 4th Street.

18. BURIAL, CREMATION, OR REMOVAL: Belmont Cemetery.
PLACE Wathena Kansas. DATE June 9, 1934

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden. 1802 Union St. St. Joseph Mo.

20. FILED 6-8-1934 John A. Bradley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1934

22. I HEREBY CERTIFY, ~~[illegible]~~ Viewed. from June 6th, 1934, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30P.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance: no facts

Name of operation none Date of .....

What test confirmed diagnosis? Clin Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Forrest Thomas Coroner, ~~M.D.~~

(Address) 731 Faraon St. St. Joseph Mo.