

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

Do not use this space.

22301

6078

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1003**  
 City St Louis Mo (No. Barnes Hospital) St. .... Ward)

**2. FULL NAME** Lena Ethel Hoiles

(a) Residence, No. 703 College Ave St. MP Ward. Greenville Ill  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 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 Clarence E. Hoiles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
55 0 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as splainer, 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) Bond County Ill.

MOTHER FATHER 13. NAME James H. Moss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ill.

15. MAIDEN NAME Catherine Jay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ill.

17. INFORMANT (ADDRESS) Husb - Clarence E. Hoiles Greenville Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenville DATE 2-23-34

19. UNDERTAKER (ADDRESS) W. P. Donnell Greenville Ill.

20. FILED IN 21 1934 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 6 - 14 - 1934 to 6 - 21 - 1934

I last saw her alive on 6 - 21 - 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

cessation of ovary 4/11  
cessation of menstruation 4/11  
cessation of pregnancy 4/11  
cessation of life 4/11  
acute

Other contributory causes of importance: premature seat in ovary

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence, fall 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) Wendell Scott M. D.  
 (Address) Barnes Hosp

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.

WHITE FEMALE, WITH UNFACED INDEX—THIS IS A PERMANENT RECORD

