

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.

AUG 21 1934

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

Do not use this space.

24362
2042

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1000
City Kansas City (No. Aladdin Hotel) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

John A. Hocter

(a) Residence No. Aladdin Hotel 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
56 3 16

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

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) Oakland California

13. NAME James A. Hocter

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

15. MAIDEN NAME Katherine

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

17. INFORMANT H. P. Brandt (ADDRESS) 6515 Summit St

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Co. DATE July 3, 1934

19. UNDERTAKER Slone & McQuinn (ADDRESS) 2232 Williams Plaza

20. FILED 7-3 1934 McCrone Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 1, 1934 to July 3, 1934

Last saw him alive on July 3, 1934 Death is said to have occurred on the date stated above, at A. m. 10

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

Acute Endocarditis
135R
Cataract
Septic
Date of onset 3 wks

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) [Signature] M. D.

(Address) 707 Wardham

