

AUG 5 1934

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Rock Creek
City Co. InfirmaryRegistration District No. 501
Primary Registration District No. 5666File No. 25369
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 18557. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 7 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sumate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co. Infirmary
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) Linn Co. (STATE OR COUNTRY) Missouri13. NAME Daniel Hoskins14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____15. MAIDEN NAME Nancy Hewitt16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____17. INFORMANT J. D. Partner (ADDRESS) Linneus, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July 18, 193419. UNDERTAKER Thomas W. Co. (ADDRESS) Linneus, Mo.20. FILED 7-18 1934 J. W. W. Co. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 193422. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to July 16, 1934. I last saw him alive on July 5, 1934. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Cerebro-sclerosis Date of onset (P.) _____Other contributory causes of importance: Chronic Valvular Heart Disease23. Name of operation _____ Date of _____
What test confirmed diagnosis? Microsc. Was there an autopsy? No23. 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) E. A. Studley, M. D.
(Address) Brookfield Mo

