

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

Do not use this space.

JAN 9 6 1935

42364

**1. PLACE OF DEATH**

County Calhoun Registration District No. 206 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4127 Registered No. 33  
 City Turney (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sallie Ann Williams Hockensmith

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
94 1 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Cass Co. Mo.  
 (STATE OR COUNTRY) near Pleasant Hill

MOTHER 13. NAME Rev. Luke Williams

14. BIRTHPLACE (CITY OR TOWN) Lexington Ky.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Louisa Beatty

16. BIRTHPLACE (CITY OR TOWN) Lexington Ky.  
 (STATE OR COUNTRY)

17. INFORMANT Mary C. Hockensmith  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun County DATE Dec. 20 1934

19. UNDERTAKER Dr. Mess Creek  
 (ADDRESS) Turney, Mo.

20. FILED 12-20 4 E. B. Dickerson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw her alive on 20 Nov. 34 1934 Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Senility  
152  
162  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset: \_\_\_\_\_

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) W. H. K. Porter M. D.

(Address) Turney Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

