

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.

48
19
9

18
2
2
2

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

Do not use this space.

5456

MAR 20 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kew Primary Registration District No. 1002
 City Kansas City (No. Trinity, Lutheran Hospital)

File No. _____
 Registered No. 5456
 St. _____ Ward _____

2. FULL NAME Holt B. Hoskin

(a) Residence, No. 402 Bales Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 7, 1869</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>3</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>K. C. Power & Light Co.</u>		
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) Kentucky

13. NAME Charles N. Hoskins

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

15. MAIDEN NAME Jency Bowen

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

17. INFORMANT Miss Mildred Hoskins
 (ADDRESS) Denton Texas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE Feb, 18 1935

19. UNDERTAKER Freeman Mortuary & Chapel
 (ADDRESS) 104 West 42nd Street

20. FILED 7/18 1935 M. M. Cromwell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1935 to Feb 16 1935
 I first saw h. i. m. alive on Feb 16 1935 Death is said to have occurred on the date stated above, at 10:30 p. m.

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

Generalized arteriosclerosis
Atherosclerosis Degenerative

Other contributory causes of importance:
Thrombosis due to perforation 3 days
of abdominal aorta into
peritoneum

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
 If so, specify _____
 (Signed) Carl H. Lindquist, M. D.
 (Address) 106 W. 14th St.

Freeman