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

MAY 21 1935

Do not use this space.

11996

85

1001

File No. 425

Registered No.

1. PLACE OF DEATH
County Buchanan Registration District No.
Township Washington Primary Registration District No.
City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Andrew Hockaday

(a) Residence, No. 2506 South 3rd 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 Mrs. Iva Hockaday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1905

7. AGE: Years 29 | Months 11 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Saint Joseph, Missouri

FATHER

13. NAME George Hockaday
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas

MOTHER

15. MAIDEN NAME Etta Van Volkenburgh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Mrs. Iva Hockaday 2506 South 3rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green cemetery DATE April 14, 1935

19. UNDERTAKER (ADDRESS) E. R. Sidenfaden 602 South 19th St.

20. FILED APR 1935 19 John W. Bowden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr-10-, 1935, to Apr-11-, 1935.
I last saw him alive on Apr-11-, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:
Chronic Nephritis
Pemphigus

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

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) T. R. Howden, M. D.
(Address) 459 Northpolmo Ave.

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.

10082-11-24-33