MAY 2 9 1935

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

Do not use this space.

13485

File No.

Registered No.

1. PLACE OF DEATH

County: Linn — Registration District No. 501

Township: Locust Creek — Primary Registration District No. 5666

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sam Hoskins

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10th 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	11	18	

OCCUPATION

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

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): Linn County Missouri.

FATHER

13. NAME: Washington Hoskins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXXXXXX XXXXXXXXXXXXXX

MOTHER

15. MAIDEN NAME: Julia Beckett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXXXXXX XXXXXXXXXXXXXX

17. INFORMANT (ADDRESS): Mrs. Sam Hoskins Linneus, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Laclede Cemetery DATE: 4/29 1935

19. UNDERTAKER (ADDRESS): Thorne Undertaking Co. Linneus, Missouri.

20. FILED: 5-10 1935 J. W. Webb, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Apr 28th, 1935

I last saw him alive on Apr 27th, 1935. Death is said to have occurred on the date stated above, at 2:30 A.m.

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

	Date of onset
Angina Pectoris	July 1933

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? yes

If so, specify Overexertion farming 1933

(Signed) J. O. Carrico D.O. ~~M.D.~~

(Address) Linneus, Mo.

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.