

JUL 13 1935

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

Do not use this space.

1. PLACE OF DEATH

County *Cass*
Township *Albion*
City (No.) St. Ward

Registration District No. *152*
Primary Registration District No. *5217*

File No. *19180*
Registered No. *15*
St. Ward

2. FULL NAME

Etta Minnie Helia Hockaday

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

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

Walter H. Hockaday

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

Feb. 27-1887

7. AGE

YEARS *48*

MONTHS *3*

DAYS *13*

If LESS than 1 day, hrs. or min.

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

June 10 1935

17.

I HEREBY CERTIFY, That I attended deceased from *April 4 1934*, to *June 10 1935* that I last saw her alive on *June 10 1935*, and that death occurred, on the date stated above, at *6:30 Pm.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of left lung

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

House wife

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cleveland MO.

10. NAME OF FATHER

Joseph H. Powell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Cleveland MO. Cass.

12. MAIDEN NAME OF MOTHER

Julia Etta Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Pandolph, Pa.

14. INFORMANT (Address)

Walter H. Hockaday, Peculiar, Mo.

15. FILED

6-11, 1935 Ethel Richardson REGISTRAR

CONTRIBUTORY (SECONDARY)

NA

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *David Stone*, M. D.

6/11, 1935 (Address) *Harrisonville Mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Peculiar Mo

DATE OF BURIAL

June 12 1935

20. UNDERTAKER

Geo. C. Myers

ADDRESS

Cleveland Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22-1-1-2

