

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.

AUG 14 1935

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

Do not use this space.

✓
22565
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1. PLACE OF DEATH

County Dallas

Registration District No. 2244

Township Buffalo

Primary Registration District No. 5838

City Buffalo (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 22565

2. FULL NAME Sherman David Hoobler

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luna Hoobler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 15

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) Greenfield
Missouri

FATHER
13. NAME John R Hoobler

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

MOTHER
15. MAIDEN NAME Martha Snow

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

17. INFORMANT Mrs Stanley Dean
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Truett DATE 7-7 1935

19. UNDERTAKER B. B. Jones
(ADDRESS) Buffalo Mo

20. FILED _____ 1935 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6, 1935

I HEREBY CERTIFY, That I attended deceased from July 4, 1935, to _____, 19____
I last saw him alive on July 4, 1935. Death is said to have occurred on the date stated above, at 3:30 pm.

The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
Cardio Renal Disease

Other contributory causes of importance: _____
None

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? No
If so, specify _____
(Signed) Blas Venner, M. D.
(Address) Buffalo Mo.

1835-7-6
70 1 15
1865-5-21

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

Do not use this space.
**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY,**

1. PLACE OF DEATH

County Dallas
Township.....
City..... (No. St. Ward)

Registration District No. 244
Primary Registration District No. 5338

File No.....
Registered No.....

2. FULL NAME

Sherman David Hookler

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ON

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1935

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

22. I HEREBY CERTIFY, that I attended deceased from 19....., to 19.....
I first saw him alive on 19..... Death is said

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

..... have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If person in day hrs. min.

.....
Date of onset

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

Other contributory causes of importance:
98 H2O

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

FATHER 13. NAME

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

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)

MOTHER 15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury
Nature of injury

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

(Signed) M. D.

19. UNDERTAKER (ADDRESS)

20. FILED 8-10 1935 Mrs A P Vaub Registrar

www.ancestry.com property classified. Exact statement of OCCUPATION is very important.

OCT 18 1965
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W. M. ...