APR 20 1936

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

Do not use this space.

1. PLACE OF DEATH
County Knox
Township Jello
City
Registration District No. 444
Primary Registration District No. 5404
File No. 11301
Registered No. 5
(No. , St. Ward)

2. FULL NAME Louisa Mariah ~~Hose~~ Huse

(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 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 Mont Hose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 1855

7. AGE YEARS 81 MONTHS 2 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Lewis County Missouri

FATHER
13. NAME John Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

MOTHER
15. MAIDEN NAME Frances Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Hose Lithfield Knox City Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE LaBelle Cemetary DATE March 12 1936

19. UNDERTAKER (ADDRESS) James T. Coder & Sons LaBelle

20. FILED 3.12 1936 J R Northcutt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Mar 10, 1936
I last saw her alive on Mar 1, 1936. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

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?
If so, specify
(Signed) Neal McReynolds, M. D.
(Address) Knox City 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.