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.

MAY 7 1936

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

Do not use this space.

17585

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4367

City St Louis (No. City Hosp St. ..... Ward)

A 19237

2. FULL NAME Robert Van Hoy

(a) Residence, No. 1917 N 13th St. Ward. 26 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1889

7. AGE YEARS 47 MONTHS 1 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

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) Sparta Missouri

FATHER

13. NAME Robert Van Hoy Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER

15. MAIDEN NAME Mary Mermin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tulsa Okla

17. INFORMANT (ADDRESS) Hosp Inf Ward City Hosp #

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE April 22 1936

19. UNDERTAKER (ADDRESS) Central Hng Co Inc 1841 Cass Ave

20. FILED APR 21 1936 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19/36 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1936 to 4/19/36, 19

I last saw her alive on 4/19, 1936. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Pulmonary tbc Bilateral

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) E. P. Nelson, M. D.

(Address) City Hosp #1

Central