

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

Do not use this space.

40481

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township Washington Primary Registration District No. 1001  
 City St. Joseph (No. 2114 South 7th Street)

File No. \_\_\_\_\_  
 Registered No. 1362  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Fred Hockaday

(a) Residence, No. 2114 So. 7th St St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 10 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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ <u>Ellie Hockaday</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2, 1892</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>8</u>	DAYS <u>21</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>1936</u>		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Norbin, (STATE OR COUNTRY) Missouri

13. NAME John Hockaday

14. BIRTHPLACE (CITY OR TOWN) Saint Joseph, (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Alice Murthy

16. BIRTHPLACE (CITY OR TOWN) Saint Joseph, (STATE OR COUNTRY) Missouri

17. INFORMANT Elmer Hockaday (ADDRESS) 2114 South 7th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Spain cemetery DATE Nov. 25, 1936

19. UNDERTAKER D. P. STEPHENS (ADDRESS) 602 South 10th Street

20. FILED Nov. 25, 1936 A. Neitzel Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936 to Nov 23, 1936  
 I last saw him alive on Nov 23, 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary TB

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? No

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) Fenton J. Howard M. D.  
 (Address) 216 1/2 W MO Ave

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.

Dr. Gordon