

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

Do not use this space.

43734

MAN 28 1937

1. PLACE OF DEATH

County Bates
Township Mt Pleasant
City (No) County Home

Registration District No. 50
Primary Registration District No. 5074

File No. _____
Registered No. 113
St. _____ Ward _____

2. FULL NAME

George Hoqqings

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 17, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1936 to Dec. 17, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1855

I last saw him alive on Dec. 17, 1936 Death is said

7. AGE YEARS 81 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at _____ m.

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

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

Coronary thrombosis (Date of onset _____)

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: _____

12. BIRTHPLACE (CITY OR TOWN) Bates Co (STATE OR COUNTRY) Mo.

13. NAME Ned Hoqqings

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

15. MAIDEN NAME Elizabeth Brown

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

17. INFORMANT Mrs Mary Simpson (ADDRESS) Kansas city Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walc Hill DATE Dec 19, 1936

19. UNDERTAKER Culver's (ADDRESS) Butler Mo.

20. FILED Dec 19, 1936 Thos L Culver Registrar.

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. A. Lusk, M. D.

(Address) Butler Mo

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

