MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Laclede — Registration District No. 449 — File No. 6934
Township — Primary Registration District No. 4267 — Registered No.
City Lebanon (No. , St. Ward)

2. FULL NAME HENRY ANDERSON HOKE

(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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SARAH R. PILLISPIE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 12-1853

7. AGE: YEARS 84 — MONTHS 1 — DAYS 12 — If LESS than 1 day, hrs. or min.

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): RONCEFORT WEST VA

FATHER
13. NAME: HENRY HOKE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S.

MOTHER
15. MAIDEN NAME: SUSAN HOKE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S.

17. INFORMANT (ADDRESS): D. O. Hoke, Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE LEBANON MO DATE FEB 14 1937

19. UNDERTAKER (ADDRESS): Palmer, Lebanon

20. FILED 2-13-1937 J. A. McCourt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEB 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1937, to Feb 13, 1937
I last saw him alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 9:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2-8

Other contributory causes of importance: Influenza

Name of operation — Date of
What test confirmed diagnosis? Physical — 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?
If so, specify
(Signed) J. E. Blickensdorfer, M. D.
(Address) Lebanon Mo

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.