

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

JUN 12 1937

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

18074  
4630

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City ..... ST. LOUIS CHILDREN'S HOSPITAL ST. LOUIS MISSOURI ..... (Ward)

2. FULL NAME WILLIAM LEE HOSHMAN

(a) Residence, No. .... St. *NR* Ward. *J* VANDALLIA MISSOURI  
(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)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-37 . 19

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

22. I HEREBY CERTIFY, That I attended deceased from 4-27-37, 19... to 4-29-37, 19...  
I last saw him alive on 4-29-37, 19... Death is said to have occurred on the date stated above, at 10 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-1930

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
6 7 7

Acute Encephalitis (Toxic) (Non-epidemic)

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: *76*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MICHIGAN

13. NAME J. W.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *yes*

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

15. MAIDEN NAME VELLIA PEARSON

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

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.

17. INFORMANT I. K. BLUM (ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo DATE May 4 1937

19. UNDERTAKER W. S. Waters (ADDRESS) Vandalia Mo

20. FILED MAY 6 1937 J. Bredbeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) *J. G. Gordon*, M. D.  
(Address) 500 S. Kingshighway

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

55-3-3000

Handwritten signature or mark.