AUG 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Harrison
Township Adams
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 338
Primary Registration District No. 5479

File No. 27302
Registered No. .....

2. FULL NAME William Henry Hockridge
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Mary Hockridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8. 1864

7. AGE: YEARS 73 | MONTHS 4 | DAYS 5 | 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) Blue Ridge Harrison Co. Missouri

FATHER
13. NAME Nelson A. Hockridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER
15. MAIDEN NAME Maretta Hart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

17. INFORMANT (ADDRESS) Mary Hockridge Blue Ridge Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cem. DATE July 14 1937

19. UNDERTAKER (ADDRESS) Joe E. Wheeler Bethany Mo.

20. FILED 7/17 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6-26 —, 1937, to 7-13 —, 1937
I last saw him alive on 7-12 —, 1927. Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	

Other contributory causes of importance: 93a

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) G. A. Stowers, M. D.
(Address) Gilman City Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-3-28-35