

4/27-28

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

Do not use this space.

REC'D MAY 13 1938

File No. 13888

Registered No. 70

1. PLACE OF DEATH

County *Adair* Registration District No. *4*
Township *Adair* Primary Registration District No. *3001*
City *Kirkville* (No.) St. Ward)

2. FULL NAME

William Wallace Hoskins

(a) Residence, No. *1026 N. Edge* St. *2* Ward. (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 *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 - 27* 19*38*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Elizabeth Hoskins*

22. I HEREBY CERTIFY, That I attended deceased from *Dead on arrival*, 19...
Last saw h. alive on 19... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 13, 1850*

to have occurred on the date stated above, at *12 A.M. or about*
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.
83 *1* *14*

coronary occlusion Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*
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: *94%*

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

Name of operation Date of

MOTHER FATHER 13. NAME *Anna Hoskins*

What test confirmed diagnosis? Was there an autopsy? *✓*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont know*

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)

15. MAIDEN NAME *Elyz Carner*

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont know*

Manner of injury *✓*
Nature of injury *✓*

17. INFORMANT (ADDRESS) *Elizabeth Hoskins*

24. Was disease or injury in any way related to occupation of deceased? *no*
Who, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fargest Park* DATE *4-5-2* 19*38*

(Signed) *L. D. Davis* D. O. coronet, M. D.
(Address) *Kirkville, Mo.*

19. UNDERTAKER (ADDRESS) *Summers & Finchbaugh*

20. FILED *April 28* 19*38* *Spencer L. Freeman* Registrar.

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.

