REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Dent
Township: Watkins
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 266
Primary Registration District No. 5328

File No. 14504
Registered No. 29

2. FULL NAME: Mary E. Hoon
(a) Residence, No. 650 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: W. L. Hoon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 31 1854

7. AGE: Years 83 | Months ..... | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Tippecanoe Co. Ind.

FATHER
13. NAME: Jas Williamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

MOTHER
15. MAIDEN NAME: Eliza Williamson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): John M. Hugg, Ainsworth Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bruce Cem. DATE: 4/30 1938

19. UNDERTAKER (ADDRESS): Hugg & Pyron, Ainsworth Mo.

20. FILED: April 28 1938 E. Little M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 28 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1937, to Apr 28, 1938
I last saw h. alive on Apr 27, 1938. 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
Apoplexy	
(3)	
Other contributory causes of importance:	
Nephritis & arteriosclerosis	

Name of operation: None Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify: .....
(Signed) L. L. Sandell, M. D.
(Address) Ellsinore Mo
240

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.

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FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

14504
Do not use this space.

1. PLACE OF DEATH
(a) County Dent Registration District No. 266
(b) Township Watkins Primary Registration District No. 2378 Registered No. 29
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E. Hacon
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Whi
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87	0	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
Chronic nephritis	
Other contributory causes of importance: Chronic nephritis and arterial sclerosis	

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) Leslie Randall, M. D.
(Address) Licking Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

THIS IS A PERMANENT RECORD

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