REC'D JUN 16 1938

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

Do not use this space.

17867

1. PLACE OF DEATH
County Caldwell
Township Grant
City Polo
Registration District No. 99
Primary Registration District No. 5146
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Daniel Hocklander. 0.45
(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 43 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 Annie Hocklander.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1851
7. AGE Years 86 Months 7 Days 19 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) Franklin County Ind.

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

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

17. INFORMANT (ADDRESS) David G. Hocklander. Polo, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Prairie Ridge Cemetery DATE May 1 — 1938
19. UNDERTAKER (ADDRESS) F. Cramer Clark. Kingston, Mo.
20. FILED June 1 1938 Mrs Wylie Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1937, to April 29, 1938
I last saw him alive on April 24, 1938. Death is said to have occurred on the date stated above, at 7 30 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-18-38

Other contributory causes of importance:
Hypertensive Cardio Vascular disease — do not know

Name of operation 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? 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) C H Wilbur, M. D.
(Address) Polo Mo

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