

REC'D MAR 13 1939

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

791

1008

4513

Do not use this space.

1206

1. PLACE OF DEATH

- (a) County..... 3 / Registration District No.....
 (b) Township..... / Primary Registration District No.....
 or os St. Louis (c) City..... Enroute City Hosp. Registered No.....
 (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

- (a) Residence, No. 2112 Mae Hosford 3855a Labadie Avenue St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 Wife of Ed Hosford		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1884		
7. AGE	YEARS 54	MONTHS 6
	DAYS 11	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Housewife
	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)	Elvins Missouri	
FATHER	13. NAME	Carroll Hicks
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Missouri
MOTHER	15. MAIDEN NAME	Unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Missouri
17. INFORMANT (ADDRESS)	Leila Goldkuhl 3712 Neosha	
18. BURIAL, CREMATION OR REMOVAL PLACE	New St, Marcus DATE 2/7/39	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	A. W. McLaughlin 2301 Lafayette Avenue	
20. FILED	J. J. Brueck Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	2/4/39	19
22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....		
I last saw h..... alive on..... 8 P.M. 19..... Death is said to have occurred on the date stated above, at.....		
The principal cause of death and related causes of importance were as follows: Illuminating Gas Poisoning, self administered, at her home, 3855a Labadie Ave., February 4th, 1939, about 8:00 P.M. SUICIDE.		
Other contributory causes of importance:		
Name of operation	Date of.....	
What test confirmed diagnosis?	Was there an autopsy? No	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 2/4/ 19 39 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Home		
Manner of injury	SEE ABOVE	
Nature of injury	No	
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Joseph M. Lumber, M.D. (Address) Deputy Coroner		

FEB 7 1939

(Licensed Embalmer's Statement on Reverse Side)

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.

