

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.

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

Do not use this space.

call
75
REC'D MAR 16 1939

1. PLACE OF DEATH 2
80 County Pettis Registration District No. 668
Township 1 Primary Registration District No. 3030
4 City Sedalia (No. 1206 So. Monteau)
St. _____ Ward _____

2. FULL NAME Eleanor Moore Hoke
(a) Residence, No. 1206 So. Mon. 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.

File No. 7454
Registered No. 72
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 8 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Warrenton (STATE OR COUNTRY) Missouri

13. NAME William Moore

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

15. MAIDEN NAME Nellie Gravely

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

17. INFORMANT W. L. Hoke (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington, Mo. DATE Feb. 27, 1939

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED 2-27 1939 Mrs Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1939, to Feb. 24, 1939
I last saw him alive on Feb. 24, 1939 Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

Bronch. pneumonia
toxic influenza
acute sinus
chronic myo carditis
Other contributory causes of importance:
female duration
acute sinus
chronic myo carditis
Name of operation _____ Date of _____
What test confirmed diagnosis? Chro Was there an autopsy? yes

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? no
If so, specify _____
(Signed) Eleanor Moore, M. D.
(Address) Sedalia, Mo.

RECEIVED

District Health Officer, No. 8,

District File Number

3/6/29

Date Filed