

DEC'D MAY 16 1939

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

Do not use this space.

15113

## 1. PLACE OF DEATH

County  
Township  
CityJackson  
Fairfax  
Fees Summit

Registration District No.

400

Primary Registration District No.

5553B

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Married

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

Fannie Hoke

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

3-21-1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

64

1

4

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.

Farm.

10. Date deceased last worked at  
this occupation (month and  
year).....

1938

11. Total time (years)  
spent in this  
occupation.....

all

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Waldo Ohio

FATHER

13. NAME

William Hoke

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

Pa.

MOTHER

15. MAIDEN NAME

Harriet Dickout

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

Pa.

17. INFORMANT  
(ADDRESS)Ben Hoke,  
Fees Summit Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Fees Summit

DATE

4-27-39

19. UNDERTAKER  
(ADDRESS)N. B. Langford  
Fees Summit Mo

20. FILED

4/26 1939

Sara J. Barnes  
Regist. 7703

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

April 25 1939

22. I HEREBY CERTIFY, That, I attended deceased from

11-27-37 to 4-25-39

I last saw him alive on 4-25-39. Death is said

to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

Other contributory causes of importance:

Cerebral hemorrhage 7/23/38  
Kerning Stone left  
Cholelithiasis

Name of operation

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? No

If so, specify

(Signed) [Signature]

(Address) Fees Summit Mo

M. D.

