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

Do not use this space.

JUL 8 1939

1. PLACE OF DEATH
County Platte 2
Township Waldron
City ..... (No. ....., ... St. ..... Ward)

83

Registration District No. 695
Primary Registration District No. 5923

File No. 23000
Registered No. .....

2. FULL NAME 252 Frank Hoskins
(a) Residence, No. Waldron St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 72 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1866

7. AGE: YEARS 72 MONTHS 10 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Missouri 0

FATHER
13. NAME Enoch Hoskins 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 0

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

17. INFORMANT (ADDRESS) Roy J. Hoskins Waldron Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fouty DATE June 29, 1939

19. UNDERTAKER (ADDRESS) Noland Parkville Mo

20. FILED 7-1, 1939 S. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1939, to June 27, 1939
I last saw him alive on June 26, 1939 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:

Cerebral Hemorrhage (apoplexy)

Date of onset

Other contributory causes of importance: 8 J

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? No
If so, specify .....
(Signed) S. P. Ford, M. D.
626 (Address) Parkville Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

V. S. No. 2
50M-10-22-36
X9314

RECEIVED
District Health Officer No. 11,
District File Number 739-746
Date Filed JUL 6 1939