

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

Do not use this space.

33824

1. PLACE OF DEATH

County Wayne Registration District No. 890
 Township St. Francis Primary Registration District No. 6188
 City Greenville (No.) St. Ward)

2. FULL NAME Lollie Hoggard

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Grady Hoggard Housewife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 7 7

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

13. NAME Andrew Jackson Clay

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

15. MAIDEN NAME AMY HEWES

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

17. INFORMANT Grady Hoggard
 (ADDRESS) Greenville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Valley DATE Feb. 5 1938

19. UNDERTAKER Yates Funeral Home
 (ADDRESS) Greenville, Mo.

20. FILED Sept. 14, 1939 Mabel Brasley
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938 to Feb. 3rd, 1938
 I last saw her alive on Feb. 3, 1938. Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1926

Other contributory causes of importance:

Name of operation Date of
 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?
 If so, specify
 (Signed) O.P. May M. D.
 (Address) Greenville, Mo.

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

