

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.

40290

## 1. PLACE OF DEATH

County Greene  
 Townshp Boone  
 City Greene (No. 1)

Registration District No. 316  
 Primary Registration District No. 5436

File No. 23  
 Registered No. 23 Ward

## 2. FULL NAME

John Boone Hosman  
 (a) Residence, No. 1 St. 1 Ward. 1  
 (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 Male 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 Martha Hosman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 7 22

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greene Co  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Alfred Hosman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Boone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles - Mo  
 (STATE OR COUNTRY)

14. INFORMANT Robert Hosman  
 (Address) ash from Mo.

15. FILED 1-3, 1930 Dr Chas. H. H. H.  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/27 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1929, to Dec 27, 1929, that I last saw him alive on Dec 22, 1929, and that death occurred, on the date stated above, at 8 20 15 m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bilateral Broncho-Pneumonia  
107th

CONTRIBUTORY (SECONDARY)  
107th

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF 12-28-29WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS Clinical(Signed) Charles H. McHaffie M. D.

12-28-29 (Address) ash from Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Ark Grove Cemetery 12-29-29

20. UNDERTAKER A. J. Smith

ash from Mo

SECRET

CONFIDENTIAL

CONFIDENTIAL

SECRET