

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

Do not use this space.

7858

1. PLACE OF DEATH

26 County Cole
4 Township Morgan
1 City Russellville, Mo. (No. _____)

Registration District No. 214
Primary Registration District No. 4120

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME Charles Hoose

(a) Residence, No. Russellville, Mo. 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? 6 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 Magdalene Hoose
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21 1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 2 14

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years, spent in this occupation Life

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

13. NAME Gotlieb Hoose

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

15. MAIDEN NAME Miss Schneider

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

17. INFORMANT Julious Sauer
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Russellville Luth. DATE 3/7/32

19. UNDERTAKER Cem. Hugo A. Schubert
(ADDRESS) Russellville, Mo.

20. FILED Mar. 5 1932 Mrs. H. L. Euloe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25th 1932, 19, to March 5th 1932, 19.

I last saw him alive on March 2nd 1932 Death is said to have occurred on the date stated above, at 4:45p.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Senility

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) C. B. Glover, M. D.

(Address) Russellville Mo.

WHITE 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.

APR 25 1932

