

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  
DEPARTMENT OF STATISTICS  
OFFICE OF DEATHS

Do not use this space.

27194

1. PLACE OF DEATH  
 County Jackson Registration District No. 398  
 Township Shull Primary Registration District No. 5554  
 City St. Charles No. 626 Ash Ave Farmington Station (Word)

2. FULL NAME Bedelia Gladys Hoban  
 (a) Residence. No. 626 Ash Ave 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.

File No. \_\_\_\_\_  
 Registered No. 301  
 \_\_\_\_\_ (Word)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1920

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>8</u>	<u>4</u>	<u>17</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER John C. Hoban

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

12. MAIDEN NAME OF MOTHER Mary Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT John C. Hoban  
 (Address) 626 Ash Ave

15. FILED 8/23, 28 F. L. Cook  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1926, to Aug 20, 1928, that I last saw him alive on Aug 20, 1928, and that death occurred, on the date stated above, at 7:00 a. m.

11. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac Failure  
92B due to Acadasis -  
Myocarditis - Nephritis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Infectis tonsilla & adenoids  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

2. DID AN OPERATION PRECEDE DEATH? yes DATE OF 8/17/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory  
 (Signed) Shiema, M. D.

8-22, 1928 (Address) Farmington 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.

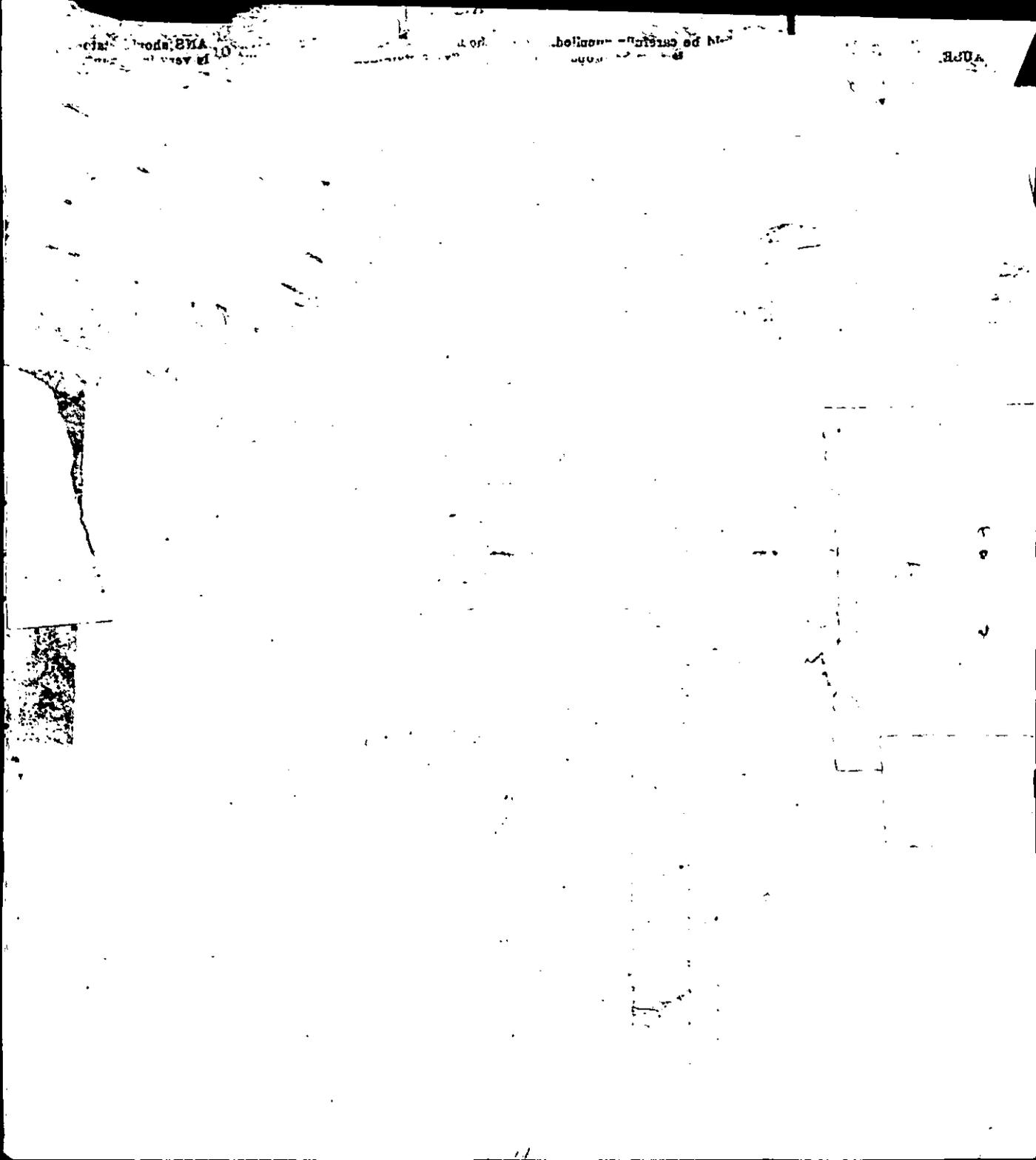
19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys DATE OF BURIAL 8/22/28

20. UNDERTAKER Lusk & Sobin ADDRESS St. Marys Mo.

10  
12

10  
12

10  
12



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 Country Jackson Registration District No. 398 File No. Delina  
 Township Blue Primary Registration District No. 554 Registered No. 301  
 City (No. ....) St. .... Ward (....)

2. FULL NAME Bedelia Gladys Hoban  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
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8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 10/15/18 F. L. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19....., 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cardiac Failure due to arteriosclerosis - Myocarditis - nephritis - non Diabetic  
 CONTRIBUTOR Infected tonsils and adenoids  
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH DATE  
 WAS THERE AN AUTOPSY  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed)....., M. D.  
 , 19 (Address)

\*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 DATE OF BURIAL  
 19

20. UNDERTAKER ADDRESS

**SUPPLEMENTARY**

K. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-27194