

28 1929

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

Do not use this space.

40320

1. PLACE OF DEATH

County Wanda Registration District No. 331
Township Wanda Primary Registration District No. 5461
City Wanda (No.) St. Ward

2. FULL NAME

Elizabeth Jane Hockley
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 | 9 | 17 | hrs. min.

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) MO

10. NAME OF FATHER Mat Green

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) Wanda, Mo
Jamesport

15. FILED , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-20, 1928, to 12-20, 1928, that I last saw alive on 12-20, 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Don't know
2.00B 205B

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

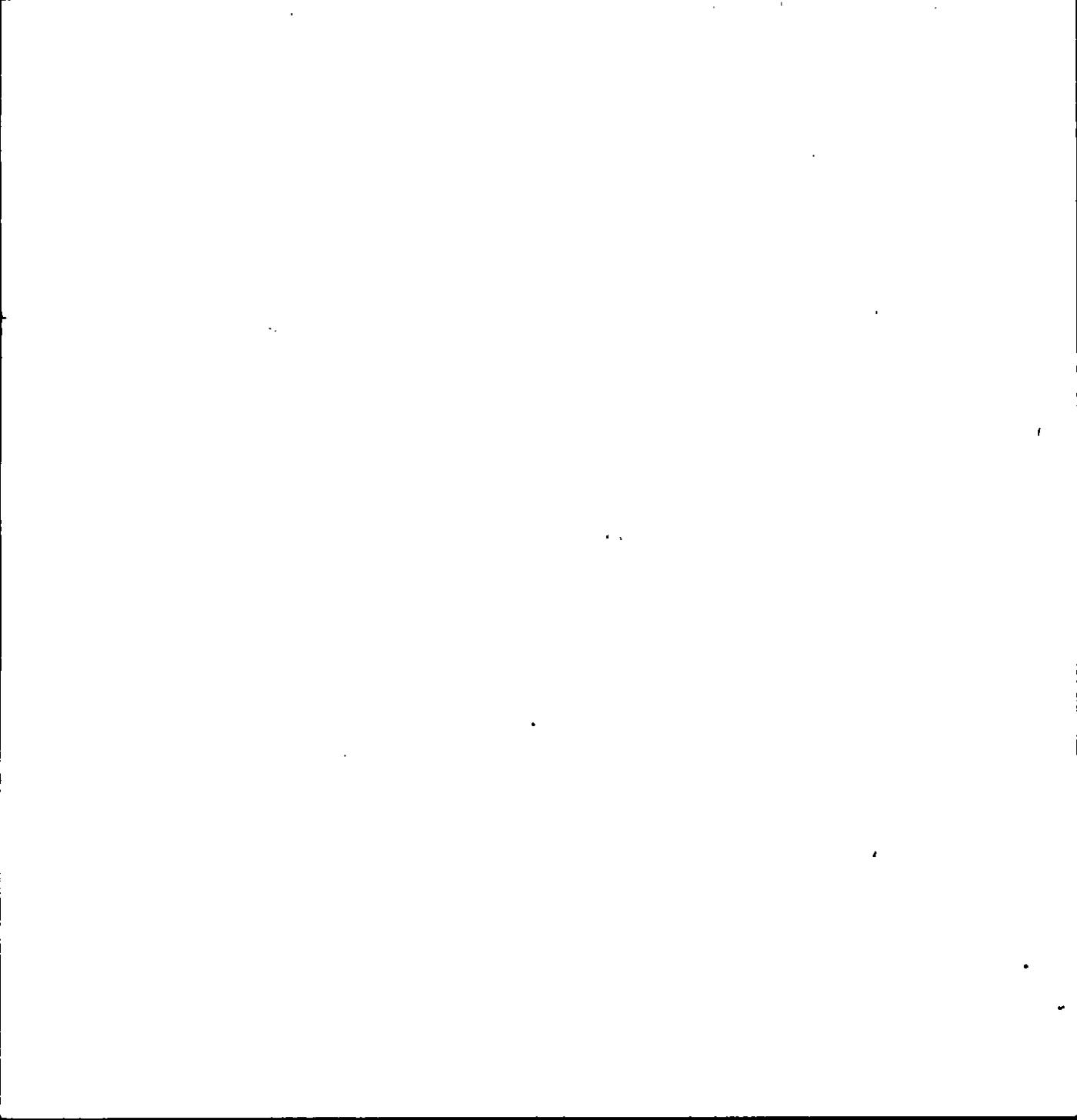
19. DID AN OPERATION PRECEDE DEATH. DATE OF WAS THERE AN AUTOPSY.

WHAT TEST CONFIRMED DIAGNOSIS (Signed) A. J. Harris, M. D. (Address) Jamesport 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 Mat Green DATE OF BURIAL Dec 28 1928

20. UNDERTAKER H. H. Nelson ADDRESS Jamesport



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Grundy Registration District No. 331 File No.
 Township Jefferson Primary Registration District No. 5461 Registered No.
 City (No.) St. Ward)

2. FULL NAME

Eliza Jane Dockey
 (a) Residence. No. St. Ward. 1
 (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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-16-1834

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 9 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer) (duration) yrs. mos. ds.
 (c) Name of employer

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

10. NAME OF FATHER Mat Green

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Dora Harris (Address) Jamesport

15. FILED 2-5-1929 J. E. Hobbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1928

17. I HEREBY CERTIFY That I attended deceased from 12-20-28 to 12-28-28 that I last saw h. ex alive on 12-20-28, and that death occurred, on the date stated above, at 5-03 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Dont know

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. D. Harris, M. D.

, 19 (Address) Jamesport. 2760

*State the DISEASE CAUSING DEATH, or in death 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

Mat Green Cem. Dec 28 1928

20. UNDERTAKER ADDRESS

H. S. Roberson Jamesport

SUPPLEMENTARY

REGISTRATION DISTRICT NO. 331

S-40320