

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

Do not use this space.

19303

1. PLACE OF DEATH

426 County Henry
4 Township Clinton
7 City Clinton (No., St. Ward ..)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 5-4

2. FULL NAME Osa Van Hoozier

(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

3. SEX Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-4-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 6 11

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County Missouri

13. NAME Mose Van Hoozier

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

15. MAIDEN NAME Rosa Huff

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

17. INFORMANT Bert Van Hoozier (ADDRESS) Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek DATE 6-17-1932

19. UNDERTAKER Swiss Funeral Home (ADDRESS) Clinton, Mo.

20. FILED 6/16 1932 Ed C. Reeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/15/1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to June 15/1932. I last saw h. alive on 6/15/1932. Death is said to have occurred on the date stated above, at 11:50 A.M.

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

Acute Myocarditis
Diabetic Gangrene of foot

Other contributory causes of importance:

Name of operation Amputation of toes Date of May 25/32
What test confirmed diagnosis? Guaiacum 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

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? Yes
If so, specify R. S. Hallingworth M. D.
(Signed) Clinton, Mo.
(Address)

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.

23 1932

