Mo. Mo.

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

FEB 5 1937

Do not use this space.

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315

File No. .....

Registered No. 114

1. PLACE OF DEATH

County Buchanan Registration District No. 1004

Township Washington Primary Registration District No. .....

City St. Joseph (No. 2331 So. 6th St.) St. ..... Ward)

2. FULL NAME Infant Hockaday

(a) Residence, No. 2331 So. 6th 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: White

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) Jan. 31 1937

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St. Joseph Missouri

FATHER

13. NAME Leo A. Hockaday

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

MOTHER

15. MAIDEN NAME Edna Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown South Dakota

17. INFORMANT (ADDRESS) Leo A. Hockaday 2231 So. 6th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Cemetery DATE Feb. 1st 1937

19. UNDERTAKER (ADDRESS) E. L. Siddons Funeral Home 602 So. 10th St.

20. FILED 2-1-37, 19..... H. J. Nistler Registrar.
By F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from ✓ ....., 19....., to ✓ ....., 19.....

I last saw him alive on Dec. 31, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

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

	Date of onset
Still Born	

Other contributory causes of importance:
Uterus Rupt. J. Breech

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify .....

(Signed) J. W. Wenger, M. D.

(Address) 901 Robinson Bldg. St. Joseph Mo.

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.

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