REC'D AUG 23 1938

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

24636
Do not use this space.

1. PLACE OF DEATH
(a) County: Barry — Registration District No.: 37
(b) Township: Washburn — Primary Registration District No.: 5053 — Registered No.:
(c) City: Washburn — (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Marion M. Hoagland 24
(a) Residence, No.: Washburn, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary L. Hoagland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-16-1854
7. AGE: Years 83 — Months 9 — Days 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired
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): Sulivan Co. Penn.

FATHER
13. NAME: James Hoagland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

MOTHER
15. MAIDEN NAME: Fannie Bartlett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

17. INFORMANT: Lizzie Bryant
(ADDRESS): Washburn Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washburn Mo DATE: 7-12 1938

19. FUNERAL DIRECTOR: Koch Funeral Home
(ADDRESS): Cassville Mo

20. FILED: 8/16 1938 Jewell Keller, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1938 to July 10 1938
I last saw him alive on July 9 1938. Death is said to have occurred on the date stated above, at 8:30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Senemal Nephritis	mos.
21	

Other contributory causes of importance:

Prostatic Hypertrophy	yrs.

Name of operation: — Date of:
What test confirmed diagnosis? Clinical 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): George Newman, M. D.
(Address): Cassville, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, R. J. Miller, Licensed Embalmer No. 3794

hereby certify that the body recorded on the reverse side of this certificate was embalmed by P. E. Wood

L. E.

No. 3804 or by, Registered Apprentice No.

working under my personal supervision.

Signed R. J. Miller

Licensed Embalmer No. 3794

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)