

Cross of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939 FEB 3 1939

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

Do not use this space.

3401

1. PLACE OF DEATH

County Wardell Registration District No. 1099
 Township Rittman Primary Registration District No. 1809
 City Wardell, Mo (No. _____) St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED TT (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939, to TT, 1939

I last saw him alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at _____ m.

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

died in Dubuque
undeveloped
 15 1/2"
 Date of onset

Other contributory causes of importance:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-16-1939

7. AGE YEARS TT MONTHS TT DAYS TT IF LESS than 1 day, ... hrs. or ... min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TT
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. TT
 10. Date deceased last worked at this occupation (month and year) TT 11. Total time (years) spent in this occupation TT

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell MO

FATHER
 13. NAME Garland Hoggis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balto Ark

MOTHER
 15. MAIDEN NAME Mildred Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mainard Ark

17. INFORMANT (ADDRESS) Garland Hoggis

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Mo DATE Jan 17, 1939

19. UNDERTAKER (ADDRESS) Friends Wardell Mo

20. FILED 130, 1939 JR Gray Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1939

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?

If so, specify _____

(Signed) J. E. Babbitt, M. D.

(Address) Wardell Mo

RECEIVED

District Health Officer No.

District File Number 39

Date Filed 2-1-1902