DEC 31 1928

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

Do not use this space.

34372

1. PLACE OF DEATH
County Perry Registration District No. 658
Township Saline Primary Registration District No. 4-B-94
City (No. 5[illegible] St. Ward)
File No.
Registered No.

2. FULL NAME Annie Elizabeth Hoggard

(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: Female
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: John Hoggard
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 6, 1848
7. AGE: Years 79 | Months 10 | Days 22 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Perry Co.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Leo Manning
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Perry Co.
12. MAIDEN NAME OF MOTHER: Lydia McClanahan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ste Genevieve Co.

14. INFORMANT: Wm Manning
(Address): Perryville Mo
15. FILED 10/30, 1928 R H Ford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 28 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1928 to Oct 28, 1928, that I last saw h[illegible] alive on Oct 27, 1928, and that death occurred, on the date stated above, at 6 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Dr Harry J. Knapp, M. D
, 19 (Address) Perryville 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: Mount Hope Cemetery — DATE OF BURIAL: P.O. 30 1928
20. UNDERTAKER: Keith Funeral Home — ADDRESS: Perryville

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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.