

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 22 1931

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

Do not use this space.
31048
File No.
Registered No. 708
St. Ward)

1. PLACE OF DEATH

County Greene Registration District No. 315
Township Springfield Primary Registration District No. 2001
City Springfield (No. 1423 Irving)

2. FULL NAME

(a) Residence, No. 1423 Irving St., Ward.

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. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emaline Van Hoose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 29-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug store
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) Mo.

FATHER 13. NAME Zacharia Van Hoose

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

MOTHER 15. MAIDEN NAME Barrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) John Ingram Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Maple Park Cemetery Sep 29 1931

19. UNDERTAKER (ADDRESS) Willingham & Co Springfield, Mo.

20. FILED 28 1931 For Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to 9-27, 1931
I last saw him alive on Sept 25, 1931. Death is said to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance were as follows:

Chronic heart disease
93C
95B 93C
Other contributory causes of importance:
Chronic myocarditis

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 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?
If so, specify
(Signed) Ray Cox, M. D.
(Address) 2232 South

118

.....

Y

3