

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.

SEP 21 1936

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

Do not use this space.

30201

1. PLACE OF DEATH
 County Carroll, Registration District No. 137
 Township Hurricane, Primary Registration District No. 5795-
 City..... (No. St. Ward)

2. FULL NAME William H. Hoy,
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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)

File No.
 Registered No. 10

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1846.

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>89</u>	<u>10</u>	<u>2,</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer,
 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) Missouri, Livingston, County

13. NAME Thomas Hay.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know,

15. MAIDEN NAME Elizabeth Manion,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know,

17. INFORMANT (ADDRESS) Ira Hoy, Hale, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cloma, DATE 8/11 1936

19. UNDERTAKER (ADDRESS) Clifford W. Austin, Tina, Mo.

20. FILED Aug 31 1936 W. P. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to August 30, 1936
 I last saw him alive on Aug. 30, 1936 Death is said to have occurred on the date stated above, at 2 PM m.
 The principal cause of death and related causes of importance were as follows:
Chronic Dysentery
 Date of onset

Other contributory causes of importance:
930

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) J. P. ...
 (Address) Hale, Mo.

Mrs. Ruby Barnes Deputy

