

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

Do not use this space.

16318

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.

MAY 22 1933

1. PLACE OF DEATH
 40 County Grundy Registration District No. 326
 Township Madison Primary Registration District No. 5452
 City..... (No.....) St..... Ward.....

File No. 86
 Registered No. 65

2. FULL NAME Celia Odette Hoskins
 (a) Residence, No..... St..... Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred Many 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 Female
 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 J. B. Hoskins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1st 1854
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 5 3
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7th 1933
 22. HEREBY CERTIFY, That I attended deceased from Dec 31 1932 to May 4 1933
 I last saw her alive on April 27 1933. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis - years duration
 Date of onset 1931
 Other contributory causes of importance: 1931

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spava Illinois
 13. NAME James L. McCreave
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
 15. MAIDEN NAME " "
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "
 17. INFORMANT Homer Hoskins (ADDRESS) Trenton Mo R.F.D.
 18. BURIAL, CREMATION, OR REMOVAL 2007 Trenton Eduberg DATE May 7 1933
 19. UNDER TAKER (ADDRESS) Stanley Funeral Home Inc Trenton Mo R.F.D. Newley
 20. FILED May 9 1933 Anna N. Prier 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..... 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) G. H. Buller M. D.
 (Address) Trenton, Mo.

20 31 33

Mr Anna Price
Edinburgh R.F. J.