N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

PLACE OF DEATH

County: Pettis

Township: ~~Sedalia~~

or Village:

or City: Sedalia, Mo. (No. 1400 S. Stewart St.; Ward)

Registration District No. 668 — File No. 33077

Primary Registration District No. 3032 — Registered No. 242

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME A. Martin Hooker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: Feb. 22, 1855 (Month) (Day) (Year)

AGE: 59 yrs. 7 mos. 23 ds. (If LESS than 1 day, ___ hrs. or ___ min.?)

OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Indiana

PARENTS
- NAME OF FATHER: Naaman Hooker
- BIRTHPLACE OF FATHER (City or town, State or foreign country): Indiana
- MAIDEN NAME OF MOTHER: Miss Graves
- BIRTHPLACE OF MOTHER (City or town, State or foreign country): Indiana

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. F. Wawscott

(ADDRESS) 6 miles South of Sedalia

Filed Oct 16 1914 — F. B. Jones, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 15 (Day), 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 12, 1914, to Oct 12, 1914, that I last saw him alive on Oct 12, 1914, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

23 M (Duration) ___ yrs. ___ mos. ___ ds.

Don't Know

Contributory (Secondary) ___ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) A. G. Monroe M. D.

Oct 16 1914 (Address) Sedalia Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence: Cemetery

PLACE OF BURIAL OR REMOVAL: Crown Hill — DATE OF BURIAL: Oct 16 1914

UNDERTAKER: Purbaugh & Allen & Co — ADDRESS: Sedalia Mo.

Dr Nissen

PLACE OF DEATH

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

County _____

Township _____ Registration District No. _____ File No. _____

or

Village _____ Primary Registration District No. _____ Registered No. _____

or

City _____ (NO. _____, _____ St.; _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

_____, 1_____
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds.

If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191__, _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____, 191__
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191__, to _____, 191__, that I last saw h_____alive on

and that death occurred, on t

The CAUSE OF DEATH* was

_____

_____

_____

_____ (Duration)

Contributory _____
(SECONDARY)

_____ (Duration)

(Signed) _____

_____, 191__ (Address

*State the Disease Causing Death, o
(1) Means of Injury; and (2) whether Acc

LENGTH OF RESIDENCE (FOR HO
RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	_____, 191__
UNDERTAKER	ADDRESS

...ORTAKER. FOR VIOLENT DEATHS state
...JURY and qualify as ACCIDENTAL, SUI-
...MICIDAL, or as *probably* such, if impos-
...rmine definitely. Examples: *Accidental*
...ruck by railway train—accident; Revolver
...d—homicide; Poisoned by carbolic acid—
...cide. The nature of the injury, as
...skull, and consequences (e. g., *sepsis,*
...y be stated under the head of "Con-
(Recommendations on statement of
...th approved by Committee on Nomen-
...e American Medical Association.)

CAUSE OF DEATH in plain terms, so that it m

PHYSICIANS should state
PATION is very important.