

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.

1928

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

Do not use this space.

33321

1. PLACE OF DEATH
 County Holt Registration District No. 372
 Township Bigelow Primary Registration District No. 5513
 City (No) St. (No) Ward (No)

2. FULL NAME John William Hood
 (a) Residence No. (Usual place of abode) St. (No) Ward (No)
 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. 569
 Registered No. 569

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (None)
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5 - 1861
 7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
66 2 20
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daughters Co. Mo.
 10. NAME OF FATHER Bennett Hood
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 12. MAIDEN NAME OF MOTHER Eleanor Shinton
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Daughters Co. Mo.
 14. INFORMANT Small Hood (Address) Bigelow Mo.
 FILED 15-11-26-27 19 27 REGISTRAR J. O. Cheney

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1927
 17. I HEREBY CERTIFY That I attended deceased from Nov 17, 1927, to Nov 25, 1927, that I last saw him alive on Nov 12, 1927, and that death occurred, on the date stated above, at 6 P m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
11 B
91 A (duration) yrs. mos. da. 20
 CONTRIBUTORY (SECONDARY) Juggero (duration) yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Chinical
 (Signed) F. H. ... M. D.
1-26 1927 (Address) Mound 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 Boyd Country DATE OF BURIAL 11/27 1927
 20. UNDERTAKER Callahan ADDRESS Mound City Mo

