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

Do not use this space.

1927
1832
95

33617

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo
Registration District No.
Primary Registration District No.
(No. 4216 Wyoming St. Ward)
File No.
Registered No. 4307

2. FULL NAME Sarah B Hooper
(a) Residence. No. 4216 Wyoming St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)
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.

7/2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A Hooper
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 - 1832
7. AGE Years 95 Months 9 Days 3 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None 83
(b) General nature of industry, business, or establishment in which employed (or employer) 162
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Morriss Haysyp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va
12. MAIDEN NAME OF MOTHER Maria Watson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Ed Hooper
(Address) 4216 Wyoming

15. FILED 11-19, 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1927

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1927, to Nov 18, 1927, that I last saw her alive on Nov. 14, 1927, and that death occurred, on the date stated above, at 8:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General paralysis of the insane
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senile Dementia
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ward H Leonard, M. D
Nov. 19, 1927 (Address) 3232 Summit

*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 Abilene Kans
DATE OF BURIAL Nov 21 1927
20. UNDERTAKER Rose & Co
ADDRESS 15 Jackson

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.

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

Ward Leonard
3232 Smith