

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

Do not use this space.

37539

1. PLACE OF DEATH

County Marion
Township Johnson
City (No.)

Registration District No. 546
Primary Registration District No. 5735

File No.
Registered No. 21
St. Ward

2. FULL NAME

Bessie B. Hood

(a) Residence. No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. — mos. — da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Harold Hood

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

4-3-1894

7. AGE

YEARS 33.

MONTHS 7

DAYS 29

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(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)

Germania, Iowa

10. NAME OF FATHER

Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN; (STATE OR COUNTRY)

Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; (STATE OR COUNTRY)

Don't Know

14.

INFORMANT Harold Hood
(Address) St James Mo

15.

FILED Jan 18 1928 Sam A. Warner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

12-2 1927

17.

I HEREBY CERTIFY, That I attended deceased from Nov 12, 1927, to Dec 2, 1927, that I last saw him alive on Dec 2, 1927, and that death occurred, on the date stated above, at 4:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis
146

147B (duration) yrs. mos. 21 da.

CONTRIBUTORY (SECONDARY)

Chill Bitch

(duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) William H. Brewer, M. D.

12/2, 1927 (Address) St James 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

DATE OF BURIAL

Masonic Cem

12-4 1927

20. UNDERTAKER

ADDRESS

W E Licklider

St James Mo

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.

