FEB 20 1928

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

Do not use this space.

184

1. PLACE OF DEATH

County Buchanan — Registration District No. 80 — File No.

Township Center, — Primary Registration District No. 5119 — Registered No. ~~22~~ 1

City ..... (No. 8 Miles S.E. of St. Joseph, St. ..... Ward)

2. FULL NAME James Hook,

(a) Residence. No. 8 M.S.E. of St. Joseph, St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Alice Hook,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	4	28	

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) Wapello County,
(STATE OR COUNTRY) Iowa.

PARENTS

10. NAME OF FATHER William Hook,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio.

12. MAIDEN NAME OF MOTHER Amy Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio.

14. INFORMANT Mrs. James Hook
(Address) R.F.D. # 5, St. Joseph, Mo.

15. FILED 1/11, 1928 Etta S. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6th. 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1921, to Jan 6, 1928 that I last saw him alive on Nov 10, 1927, and that death occurred, on the date stated above, at 4:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93 C

112

Chronic Myocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma

(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? N.B.

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Finding

(Signed) H. W. Carter, M.D.

1/2, 1928 (Address) 301 Phys & Surg Bldg St. Joseph 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: Sparta Cemetery — DATE OF BURIAL: Jan. 8th. 1928

20. UNDERTAKER: Heaton-Belgale & Bowman — ADDRESS: St. Joseph, Mo.

By J. W. Kaale Funeral Home

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.