

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.

3 1928

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

Do not use this space.

7874

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001
State Hospital No. 2

File No.
Registered No. 315
St. Ward)

2. FULL NAME

Jas. M. Hood
(a) Residence. State Hospital #2 St. Ward.
(Usual place of abode)

Sedalia, Mo.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 11 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 Lela Hood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
46 11 25 16

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) Sedalia
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James M Hood

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

12. MAIDEN NAME OF MOTHER Elizabeth Greier

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

14. INFORMANT Mrs Jas M Hood
(Address) 1507 S. Steward - Sedalia, Mo

15. FILED 3/12/28 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to March 11, 1928 that I last saw him alive on March 10, 1928, and that death occurred, on the date stated above, at 3:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. 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? Clinical & Laboratory
(Signed) J. R. Bunch, M. D.

3/11/28 (Address) State Hospital #2

*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

Sedalia, Missouri. March 12 1928.

20. UNDERTAKER ADDRESS
H. O. Spellenfaden
1802 Union Str.

