

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

Do not use this space.

17551

**1. PLACE OF DEATH**

County Jefferson Registration District No. 421 File No. \_\_\_\_\_  
 Township Johnson Primary Registration District No. B-678 Registered No. 48  
 City Crystal City Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ralph Hoob  
 (a) Residence. No. Crystal City 2nd 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Married

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 12 1898  
**7. AGE** YEARS 30 MONTHS \_\_\_\_\_ DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Washer  
 (b) General nature of industry, business, or establishment in which employed (or employee) P.P. & Co  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo doc

**10. NAME OF FATHER** Ernest Hoob

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

**12. MAIDEN NAME OF MOTHER** Mary Carson

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

**14. INFORMANT (Address)** Geo Hoob  
Crystal City Mo

**15. FILED** 5/19/28 J. E. Rutledge  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 18 1928

**17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him (write on above) 5-18, 1928 and that death occurred, on the date stated above, at \_\_\_\_\_ m.**

**THE CAUSE OF DEATH WAS AS FOLLOWS:**  
Injured hands  
of neck.  
apparently homicidal  
P 174 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** 1928 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_**

**20. WAS THERE AN AUTOPSY? \_\_\_\_\_**

**WHAT TEST CONFIRMED DIAGNOSIS?** Chas E Faller M. D.  
5/18, 1928 (Address) Dr. Hoob

\*State the DISEASE CAUSING DEATH, or in detail the MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Festus Mo **DATE OF BURIAL** May 19 28

**20. UNDERTAKER** Wester & Vinyard **ADDRESS** Festus 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.

JUL

1928

RECORD

