

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAREFULLY. AGE should be stated EXACTLY.

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
Township PAINT
City PAINT

Registration District No. 471
Primary Registration District No. 5634

File No. 6 24321
Registered No. 332
St. _____ Ward _____

2. FULL NAME

Alice Rosilda Hooker

(a) Residence No. _____ 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20-1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 1 1/2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(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) Joplin Mo.

PARENTS

10. NAME OF FATHER Edw. Emerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.

12. MAIDEN NAME OF MOTHER Peter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

14. INFORMANT Mrs. Adeline Hooker

(Address) 7 Bentworth mo

15. FILED 8/9, 1928 N.R. Clarke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1928

17. I HEREBY CERTIFY That I attended deceased from July 20 to July 24, 1928 and I last saw him alive on July 24, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Senile heart hypertrophy

CONTRIBUTORY (SECONDARY) 114B
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) E.B. Wright, M. D.
, 19 (Address) Peace city 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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Dry Valley July 26 1928

21. UNDERTAKER Wm. H. Hessel Jr ADDRESS Peace city Mo.

