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

Do not use this space.

31353

1. PLACE OF DEATH
County: Polk
Township: Mooney
City: ..... (No. ..... St. ..... Ward)
Registration District No.: 916
Primary Registration District No.: 8 9 8
File No.:
Registered No.:

2. FULL NAME: Mora - E - Hoover

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 12 - 1927

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
1	5	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Pleasant Hope
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Claud Hoover
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Rosie Gates
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri

14. INFORMANT: Claud Hoover
(Address): Van Mo

15. FILED: Sept 10, 19 ..... Estelle Benton
REGISTRAR
September 10/28

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1928, to Sept 8th, 1928, that I last saw he alive on Sept 8th, 1928, and that death occurred, on the date stated above, at 2 o'clock P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Colitis of the Large
1198 Bowel Acute
1130
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY): Infection of Bowel
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: at Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. E. Albright M.D
Sep 9, 1928 (Address) Pleasant Hope 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: Pleasant Hope Mo
DATE OF BURIAL: Sept 9th 1928
20. UNDERTAKER: C. R. Benton
ADDRESS: Pleasant Hope 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.