

DEC 31 1928

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

Do not use this space.

37354

## 1. PLACE OF DEATH

County JohnsonTownship WarrensburgCity Warrensburg (No. ...., St. .... Ward)Registration District No. 431Primary Registration District No. 3023

File No. ....

Registered No. ....

2. FULL NAME Silas G Hood(a) Residence No. 714 N Miller 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

Hattie Hood6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22, 1849

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

78110

## 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) .....

(STATE OR COUNTRY) Johnson Co, Mo

## 10. NAME OF FATHER

Unknown

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Unknown12. MAIDEN NAME OF MOTHER Unknown

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Unknown

## 14.

INFORMANT Floyd Hood(Address) Knobnoster, Mo

## 15.

FILED Nov 23, 1928 Wm R Patterson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21 1928

17.

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Nov 21, 1928 that I last saw him alive on Nov 20, 1928, and that death occurred, on the date stated above, at 11-45 A m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Had Influenza + Bronchial pneumonia April 1928  
Cough persisted. Possibly tuberculosis. (duration) about 7 mos. da.

## CONTRIBUTORY (SECONDARY)

Influenza (duration) 7 yrs. 7 mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

INFORMANT PLACE OF DEATH: near Knobnoster Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF .....WAS THERE AN AUTOPSY? no .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John T Anderson, M. D., 78 (Address) Warrensburg Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Greer Cem

## DATE OF BURIAL

11/23 1928

## 20. UNDERTAKER

Sweeney Gore & Co

## ADDRESS

Warrensburg 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.

