

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

Do not use this space.

JAN 28 1929

1. PLACE OF DEATH
 County Randolph Registration District No. 129
 Township Cairo Primary Registration District No. 5963
 City Cairo (No.) St. Ward

2. FULL NAME Mrs M. F. Hook
 (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.

File No. 42136
 Registered No. 14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 M. F. Hook

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 | 2 | 14 | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Randolph Co
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Daniel J. Route

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

12. MAIDEN NAME OF MOTHER Chinice Pipes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Randolph Co. Mo.
 (STATE OR COUNTRY)

14. INFORMANT Miss Ethel Hook
 (Address) Cairo Mo.

15. Jan 8 1929 J. P. Allen
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 25, 1928, to Dec 13, 1928 that I last saw her alive on Dec 13, 1928, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Asthma
associated with Bronchitis
asthma.
59.13 (duration) 2 yrs. 1 mos. 7 ds.
 CONTRIBUTORY (SECONDARY) Profusely Diabetic
Vanillate (duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. P. Allen, M. D.
Dec 14, 1928 (Address) Cairo, 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 Grand Prairie Cem DATE OF BURIAL Dec 17 1928

20. UNDERTAKER Skinner & Snow ADDRESS Jacksonville Mo

WRITE PLAINLY, WITH CAPITAL LETTERS

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.

