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

Do not use this space.

File No. 16158

Registered No. 4192

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME Fred Bicknel Hood.

(a) Residence. No. 4226 W. Evans Ave. St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male.	White.	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/13/1881.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	47	9	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Motorman.

(b) General nature of industry, business, or establishment in which employed (or employer) Public Service Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia.
(STATE OR COUNTRY) Tennessee.

PARENTS

10. NAME OF FATHER James P. Hood.

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

12. MAIDEN NAME OF MOTHER Elizabeth Flowers

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

14. INFORMANT Nanie Lee Hood
(Address) 4242 W. Evans Ave

15. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/8/29. 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928, to April 8, 1929, that I last saw him alive on April 8, 1929, and that death occurred, on the date stated above, at 2-20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of gall bladder and liver

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept. 1928

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) [illegible], M. D.

4/9/, 1929 (Address) 1400 N. [illegible]

*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 Lake Charles Cemetery. DATE OF BURIAL 4/10/29

20. UNDERTAKER Provost Und. Co. ADDRESS 3710 N. Grand

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.

PERMANENT RECORD