

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 27 1929 67

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.

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

Do not use this space.

25268

1. PLACE OF DEATH

County Miss.

Registration District No. 567

Township St. James

Primary Registration District No. 5763

City East Prairie (No.)

File No.

Registered No. 43

St. Ward)

2. FULL NAME Nester Anna Hooper

(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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 8 29

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

9. BIRTHPLACE (CITY OR TOWN) Miss Co. (STATE OR COUNTRY)

10. NAME OF FATHER Elmer Hooper

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

12. MAIDEN NAME OF MOTHER Gertrude Suson

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

14. INFORMANT E. Hooper (Address) East Prairie Mo

15. FILED July 4, 1929 Bluff St. Hodges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1929

17. I HEREBY CERTIFY, That I attended/deceased from June 27 1929 to July 6 1929 that I last saw h. ee alive on June 27 1929 and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery, Bacillus (duration) yrs. mos. ds. 13 8 20

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

19. PLACE OF BURIAL CREMATION, OR REMOVAL W. O. W. DATE OF BURIAL July 7 1929

20. UNDERTAKER Mrs Shelby ADDRESS East Prairie Mo

PARENTS

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