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

Do not use this space.

33345-a

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1. PLACE OF DEATH

County: Jade — Registration District No.: 235 — File No.: 33345-a

Township: Polk — Primary Registration District No.: 5322 — Registered No.: 18

City: ~~Everton Mo.~~ (No. ..... St. ..... Ward)

2. FULL NAME Lela Hoover

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16. 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	3	28	

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) Everton Mo.
(STATE OR COUNTRY) R.F.D. #2.

PARENTS

10. NAME OF FATHER J. C. Hoover.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Everton
(STATE OR COUNTRY) #2 Mo.

12. MAIDEN NAME OF MOTHER Celia Dyer.

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

14. INFORMANT J. C. Hoover.
(Address) Everton Mo. #2

15. FILED ~~11-1~~, 19~~29~~ ~~E. C. Ball~~
Dec 27-1929 Morris Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-14 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw her alive on 10-11, 1929, and that death occurred, on the date stated above, at Oct. 14 7:17 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lock Bowels

122 B

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

CONTRIBUTORY (SECONDARY) .....

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

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O. V. Hembro, M. D.

, 19 (Address) Greenfield 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~~	DATE OF BURIAL
Hampton. Mo.	Oct. 15 1929
20. UNDERTAKER	**ADDRESS**
J. W. Ward	Greenfield 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.

JAN 21 1930