DEC 18 1929

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

Do not use this space.

36243

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

4

1. PLACE OF DEATH

County Audrain — Registration District No. 951 — File No.

Township Wilson — Primary Registration District No. 5037B — Registered No. 8

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lou Hoover

(a) Residence. No. Thompson 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: 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: Jess Hoover

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 28, 1878

7. AGE: Years 51 — Months 1 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

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): 2 35
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Robt. Sturdford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ia.
12. MAIDEN NAME OF MOTHER: Olivine McKuhan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ia.

14. INFORMANT: Jess Hoover
(Address): Thompson

15. FILED Nov 3 1929 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Nov 1, 1929 that I last saw him alive on July 12, 1929 and that death occurred, on the date stated above, at 7:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
4 with metastasis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): [signature]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Oct 17, 1927

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) William Ford, M. D.

, 19 (Address) Mexico 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: Hopewell Thompson, Mo. — DATE OF BURIAL: Nov. 3 1929

20. UNDERTAKER: H. A. Prechtl & Son. — ADDRESS: Mexico Mo.