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

Do not use this space.

5125

File No. 783

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3019 Michigan St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Mary Ellen Hooper
(a) Residence. No. 3019 Michigan St., 4 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 Fe.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7-1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	5	11	

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

9. BIRTHPLACE (CITY OR TOWN) Ft. Madison
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER Abraham Tucker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs W. H. McGee
(Address) 3019 Michigan

15. FILED 2/20, 1930 M. M. Crowe
Asst REGISTRAR

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MEDICAL CERTIFICATE OF DEATH Tues.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1929, to Feb 17, 1930, that I last saw her alive on Feb 17, 1930, and that death occurred, on the date stated above, at 10 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilatation of heart
95B
162 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90 C
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) D. J. Davis, M. D.
2-20-1930 (Address) 947 Waldheim

*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 Forest Hill
DATE OF BURIAL Feb. 20 1930

20. UNDERTAKER Eylar Funeral Home
ADDRESS K. C. Mo.

...item of information should be carefully supplied. AGE should be stated EXACTLY. PHYS... ...ld state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.