

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

*13355-a*  
Do not use this space.

**1. PLACE OF DEATH**

County Miller  
Township Saline  
City Etterville (No. \_\_\_\_\_)

Registration District No. 561  
Primary Registration District No. 5753-

File No. \_\_\_\_\_  
Registered No. 48  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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.

John W Hood

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Grace Hood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-19-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
74 | 9 | 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Illinois

**PARENTS**

10. NAME OF FATHER John Hood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

**14.**

INFORMANT Ed. Hood  
(Address) Etterville Mo

**15.**

FILED 8-6 1930 Belle Haynes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/26 1919, to 4/4/30 1930 that I last saw h. \_\_\_\_\_ alive on 4/4/30 1930 and that death occurred, on the date stated above at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pericardium of Coronary  
Prakely (duration) 2 yrs. 6 mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT A PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) A. B. [Signature]  
, 19 (Address) Eldon

\*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**

MhCarmel Cem. Cole Co. Mo 7-29 1930

**20. UNDERTAKER**

**ADDRESS**

W.A. Phillips Eldon 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.

**AUG 26 1930**

WHILE LIVING, WITH GRADING MARKS—THIS IS A PERMANENT RECORD

