

JUN 25 1930

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

Do not use this space.

16449

1. PLACE OF DEATH

County Jasper
Township Marion
City Carthage (No. St. Ward)

Registration District No. 408
Primary Registration District No. 3820

File No.
Registered No.
St. Ward)

2. FULL NAME

Neva Maxine Hooker

(a) Residence. No. 1317 Forest St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20 - 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
14 4 27

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Carthage Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Renzey E. Hooker

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

12. MAIDEN NAME OF MOTHER Esther A. Frost

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

14. INFORMANT R. E. Hooker
(Address) Carthage Mo.

15. FILED May 19 1930 C. H. Hetcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 12 1930 to May 16 1930 that I last saw her alive on May 16 1930, and that death occurred, on the date stated above at 7:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121A
129
Peritonitis
(duration) 1 yrs. 1 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Appendicitis, acute ruptured
(duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH Residence 1317 Forest
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 15, 1930
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Emory J. M. Steiner, M. D.

, 19 (Address) Carthage 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 Paris Cemetery DATE OF BURIAL 5-19 1930
20. UNDERTAKER Wimer - Wholesale ADDRESS Carthage

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.

WHILE FULFILLING THIS IS A PERMANENT RECORD

