

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

Do not use this space.

18807

1. PLACE OF DEATH  
 County Callaway, Registration District No. 104 File No. \_\_\_\_\_  
 Township Round Prairie, Primary Registration District No. 1565 Registered No. 137  
 City \_\_\_\_\_ (No. 5165) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas B. Hook,  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Dont Know,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 8th, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 ## 8

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) Do,  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER W. M. Hook,

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

12. MAIDEN NAME OF MOTHER Medeline Turner,

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

14. INFORMANT Sam Hook,  
 (Address) Carrington, Mo,

15. FILED 6/21/30 R. N. Creech  
 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930

17. I HEREBY CERTIFY, That I attended deceased from May 12 1930 to June 21 1930 that I last saw him alive on June 19, and that death occurred, on the date stated above, at About 4, 30A, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

myocarditis chronic  
following arterio  
sclerosis  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) NO  
 (duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical.

(Signed) R. N. Creech M. D.

6/21 1930 (Address) Fulton 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 Carrington, Mo, DATE OF BURIAL 6/21/30 1930

20. UNDERTAKER Herndon-Taylor Furn-Co, ADDRESS Fulton, 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.

*Handwritten notes:*  
 JUL 21 1930  
 14

100

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