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

Do not use this space.
39385

1. PLACE OF DEATH
County Jackson Registration District No. 39
Township Kaw Primary Registration District No.
City KC Mo (No. ..... St. St Marys ..... Ward)

File No.
Registered No. 1051

2. FULL NAME James H. Hooper
(a) Residence. No. 1005 Penn 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 W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Deserted

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13-1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
~~34~~ 35	0	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bus driver
(b) General nature of industry, business, or establishment in which employed (or employer) Bus Lines
(c) Whether employer or employee Union Pacific

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

PARENTS
10. NAME OF FATHER Wm Hooper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) no record
12. MAIDEN NAME OF MOTHER Mary S.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) no record

14. INFORMANT Mrs Bessie Hooper
(Address) 1005 Penn

15. FILED 12/9, 1930 M. M. Browne REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/7 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/4, 1930, to 12/7, 1930, that I last saw alive on 12-7, 1930, and that death occurred, on the date stated above, at 6-30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pancreatitis - acute
Hemorrhagic
1½ hr (duration) ..... yrs. 4½ mos. ..... ds.
CONTRIBUTORY (SECONDARY) Sepsis -
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 12/5/30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. D. Brown, M.D.
12/7, 1930 (Address) 1034 Realty Bldg

*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 Missoula Mont — DATE OF BURIAL 12-11 1930

20. UNDERTAKER Mrs C L Foster — ADDRESS KC 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.

AFFIDAVIT IN RE:
James Hobart Hooper.

STATE OF MONTANA,)
) ss
County of Missoula.)

Eva H. Schottelkorb, being first duly sworn, deposes and says: I am over the age of twenty-one years, a citizen of the United States of America and State of Montana. I reside at 315 Blaine Street, Missoula, Montana.

I am a sister of James Hobart Hooper, who died on or about December 7th, 1930 at Kansas City, Missouri. I know of my own knowledge that the deceased was unmarried at the time of his death and had never at any time been married.

Eva H. Schottelkorb

Subscribed and sworn to before me this 10th day of February, 1931.

Ralph L. Arnold
Notary Public for the State of Mont.,
Residing at Missoula, Montana.
My commission expires Dec. 18, 1931.

A F F I D A V I T

STATE OF MICHIGAN)
) ss
County of Wayne)

BAXTER J HOOPER, of the City of Dearborn, County of Wayne, State of Michigan, being of full age and sound mind, deposes and says:

That he was the brother of JAMES HOBART HOOPER, deceased, and that his said brother, JAMES HOBART HOOPER, died intestate on or about December 7th, 1930, at St Mary's Hospital, Kansas City, Missouri.

The deponent further says that to his certain knowledge, said JAMES HOBART HOOPER, was never legally married and was unmarried at the time of his death.

Further your deponent sayeth not.

Baxter J. Hooper

Subscribed and sworn to before me, a Notary Public in and for said County and State this 2nd day of February A D 1931.

John W Boeringer
Notary Public, Wayne County, Michigan

My Commission expires
Feb. 13, 1933

S-39385

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Jackson — Registration District No. ..... — File No. .....
Township Kan. — Primary Registration District No. ..... — Registered No. 4954
City K.C. Mo (No. ..... St. ..... Ward)

2. FULL NAME James H. Hooper
(a) Residence. No. 1330 Summit 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.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 13-1896

7. AGE: 34 YEARS | MONTHS | DAYS: 24 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Henry F. Hooper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary S. Wolfe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Mo.

14. INFORMANT Eva Hooper Schottelkorb
(Address) 315 Blaine Missoula Mont

15. FILED ..... 19..... ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (Address)

*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: Missoula Mont — DATE OF BURIAL: Dec 14 1930

20. UNDERTAKER — ADDRESS

N. B.—Every it... ...n should ...efully supplied. AGE should be stated EXAC... should state CAUSE OF D... ...ms, so t... may be properly classified. Exact statement of ...ery important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW