

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

Do not use this space.

20891

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 Township Excelsior Springs Primary Registration District No. 3014
 City Excelsior Springs (No. _____) St. _____ Ward _____

2. FULL NAME Jessie Walter Hoover
 (a) Residence, No. 5071 South St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	9	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Springs, Mo

13. NAME Walter Hoover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colo

15. MAIDEN NAME Mattie May Bassett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Rawson, Mo

17. INFORMANT (ADDRESS) Walter Hoover, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE 6-29-31

19. UNDERTAKER (ADDRESS) Wesley Hagan, Excelsior Springs, Mo

20. FILED 6/30 1931 J. D. Brannen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1931

22. I HEREBY CERTIFY That I attended deceased from March 10, 1931, to June 27, 1931
 I last saw him alive on June 27, 1931. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:
2.5 Mitral Insufficiency
5. Rheumatism that subsided some 2 months previous
 Other contributory causes of importance:
Inflammatory Rheumatism

Name of occupation _____ Date of _____
 What first confined diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John Grace M. D.
 (Address) Excelsior Springs, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 23 1931

