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.

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

Do not use this space.

34399

File No. 4113

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1902

City: Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME Gladys Hook

(a) Residence, No. 3116 E. 15th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	18		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Henry Co. Mo.

FATHER

13. NAME Frank Hook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreau Mo.

MOTHER

15. MAIDEN NAME Ora Pace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County Mo

17. INFORMANT (ADDRESS) Reva Clark K.C. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hill DATE Oct 9 1931

19. UNDERTAKER (ADDRESS) Peter B. Kapetelos K.C. Mo.

20. FILED 10/9 1931 M. McSovine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1929 to 10-8 1931

I last saw her alive on 10-8 1931. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	
1576	

Other contributory causes of importance: Sinus Bradycardia

Name of operation None Date of

What test confirmed diagnosis? Clin. Find. Was there an autopsy? No

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?

If so, specify

(Signed) R. E. Williams, M. D.

(Address) Supt. K.C. Gen. Hosp. K.C. Mo