

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

Do not use this space.
21419

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **Mo. Baptist Hospital**) St. Ward)

File No.
 Registered No. **5978**

2. FULL NAME Evelyn Hooker

(a) Residence, No. St. **12** Ward. **Richland Mo.**
 (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 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) June 18-1916		
7. AGE YEARS 16	MONTHS X	DAYS 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student		11. Total time (years) spent in this occupation 1932
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) MAY		

12. BIRTHPLACE (CITY OR TOWN) **Richland** (STATE OR COUNTRY) **Mo.**

13. NAME **Leonard H. Hooker**

14. BIRTHPLACE (CITY OR TOWN) **Iowa** (STATE OR COUNTRY) **2**

15. MAIDEN NAME **Stella Carter**

16. BIRTHPLACE (CITY OR TOWN) **neb** (STATE OR COUNTRY)

17. INFORMANT **Leonard H. Hooker** (ADDRESS) **Richland Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Richland Mo.** DATE **June 28; 1932**

19. UNDERTAKER **People Und Co** (ADDRESS) **Richland Mo.**

20. FILED **JUN 27 1932** **W. C. Parker** Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26; 1932** 19

22. **No** I HEREBY CERTIFY, That I attended deceased from **Physician in Attendance** 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at **7:30 a.m.**

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

Acute Peritonitis
following puncture
of uterus
12/19

Other contributory causes of importance:
Manner Cause
Nutrition

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Yes** Date of injury **Feb 19 32**

Where did injury occur? **Richland Mo.**
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Puncture of Uterus**
 Nature of injury **Acute Peritonitis**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) **J. W. Kepner** M.D.
 (Address) **Dep. Coroner**

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.

