

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

Do not use this space.

32086

File No. _____
Registered No. 8
St. _____ Ward _____

1. PLACE OF DEATH
44 County Shelby Registration District No. 370
Township Forest Primary Registration District No. 5576
City _____ (No. _____) _____

2. FULL NAME Daniel Hoover
(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 32 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 Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Hoover
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 2 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Journalist
(b) General nature of industry, business, or establishment in which employed (or employer) same
(c) Name of employer no one

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

PARENTS
10. NAME OF FATHER Daniel Hoover
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Sarah Bower
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

14. INFORMANT Clara Hoover
(Address) H Forest City 2200

15. FILED 10-10 1932 J. E. Bullock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1932
17. I HEREBY CERTIFY, That I attended deceased from Oct 5 to Oct 8, 1932, that I last saw him alive on Oct 7, 1932, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Portia Inefficiency
92A
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 92A
(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) J. A. Hopp, M. D.
Oct 9 1932 (Address) Forest City Tenn

*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 DATE OF BURIAL
Forest City Oct 10 1932

20. UNDERTAKER ADDRESS
Leater Pettigrew Oregon 2200

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.

NOV 23 1932

