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.

NOV 28 1932

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

Do not use this space.

33484

File No.

Registered No. 321

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B

City Jefferson Barracks, (No. Station Hospital St. Ward)

46

2. FULL NAME Vessie N. Hook

(a) Residence, No. Jefferson Barracks, Mo. 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 8, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	23	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier 188

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairieville Missouri

FATHER

13. NAME John G. Hook

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Army Service Record Personal Adjutant Jeff Bks. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville, Mo DATE Oct 9, 1932

19. UNDERTAKER (ADDRESS) C. Hoffmeister & L Co 7844 So Broadway

20. FILED Oct 7, 1932 L. C. Schock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1932, to October 6, 1932

I last saw him alive on October 5, 1932. Death is said to have occurred on the date stated above, at 3:05 A.m.

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

	Date of onset
Myelitis, acute, disseminated.	
16	
817	
81	

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) F. V. Kilgore, Major, M.C., M. D.

(Address) Jefferson Barracks, Mo.