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

Do not use this space.

39525

File No.

Registered No. 402

JAN 24 1933

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

MARGIN RESERVED FOR BINDING

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.

1. PLACE OF DEATH

County: Jackson — Registration District No. 398

Township: Blue — Primary Registration District No. 5554

City: Lindsay Mo. (No. Van Horn + Northern Blvd. St. ..... Ward)

2. FULL NAME: George Hood

(a) Residence, No. 1807 Maywood 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4, 1888

7. AGE: Years 44 — Months 10 — Days 15 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 251

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): Kansas

FATHER

13. NAME: unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Emma Van Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT: Leslie A. Van Houten
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mount Grove DATE: 12-21-1932

19. UNDERTAKER: J. L. Latta
(ADDRESS) 244 N. Spring Sec.

20. FILED: Dec 20, 1932 F. R. Cook
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-19-1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Hemorrhage from Intestinal Diverticulum and complete fracture 2nd & 3rd Lumbar

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-19-1932

Where did injury occur? Van Horn + Northern Blvd West of Independence (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On highway was fixing fire on truck

Manner of injury: was crushed between cars

Nature of injury: fractured

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Vincent Miller, M. D.

(Address) 8113 - Leo Avenue