

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

Do not use this space.

43031

1. PLACE OF DEATH

111 County Cape Girardeau Registration District No. 892
Township Williams Primary Registration District No. 6193
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

E. J. Hooper
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Hooper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 21 1862</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>9</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Carter Co. Mo. 1</u>		
FATHER	13. NAME <u>Pleas. Hooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know 31</u>	
MOTHER	15. MAIDEN NAME <u>Phoebe Hickson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Louisa Hooper Williamsville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chapel Hill Mo</u> DATE <u>Jan 2 1932</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>Dec 31 1932</u> <u>Mrs. Hattie McQueen</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10 1932 to Dec 31 1932
I last saw deceased alive on Dec 20 1932. Death is said to have occurred on the date stated above, at 11 A. M.
The principal cause of death and related causes of importance were as follows:
Apoplexy from arteriosclerosis
Other contributory causes of importance: _____
Date of onset _____

3. Name of operation _____ Date of _____
What test confirmed diagnosis? Cholesterol Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) E. J. Hooper M. D.
(Address) Williamsville Mo

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.

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