

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.

1933-1-25
1890-10-16
42-3-9

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

Do not use this space.

2956

1. PLACE OF DEATH

County Harrison
Township Terry
City Bonne Terre, Mo. (No.)

Registration District No. 775
Primary Registration District No. 6020

File No.
Registered No. 10
St. Ward)

2. FULL NAME

Estella Hood

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James E. Hood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-16-1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	42	3	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dubois, Indiana
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Harrison Nicholson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dubois, Indiana

12. MAIDEN NAME OF MOTHER Sarah Jane Parsons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dubois, Indiana

14. INFORMANT (Address) E. Hood
Bonne Terre, Mo.

15. FILED 1/27, 1933 V. U. Son
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25, 1933

17. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Jan. 25, 1933 that I last saw h. & b. alive on Jan. 25, 1933, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis

CONTRIBUTORY (SECONDARY) Acute endocarditis
(duration) ? yrs. mos. da.
(duration) 8 yrs. ago mo. da.

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? Physical signs
(Signed) H. M. Roehls, M. D.

1/26, 1933 (Address) Bonne Terre, Mo.

*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 Bonne Terre Cemetery DATE OF BURIAL 1/27 1933

20. UNDERTAKER Bertram Thibault ADDRESS Bonne Terre, Mo.

