

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.

MAY 22 1933

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

Do not use this space.

12974

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield, Mo. (No. Baptist Hospital) St. _____ Ward _____

2. FULL NAME Charles Patton Hood
 (a) Residence, No. Robson, Mo. Fair Grove, Mo. (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.

File No. _____
 Registered No. 322

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 Stella Ray Hood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	62	4	24	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1225 1/2

10. Date deceased last worked at this occupation (month and year) April 3, 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park County, Mo.

FATHER

13. NAME Billy Hood

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

MOTHER

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Leitgude Crawford, Fair of Robson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 4-12-1933

19. UNDERTAKER (ADDRESS) Hutchison-Blair, Robson, Mo.

20. FILED 4-12-1933 Ralph Langston, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1933

22. I HEREBY CERTIFY, that I attended deceased from Apr 6, 1933 to April 12, 1933
 I last saw him alive on Apr 12, 1933 Death is said to have occurred on the date stated above, at, 5 1/2 a.m.
 The principal cause of death and related causes of importance were as follows:
intestinal obstruction, Apr 5
caused from
adhesion from abscess
or spread operation
9 yrs ago

Other contributory causes of importance: _____

Name of operation lap Date of Apr 6
 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? _____ 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) Arthur Smith, M. D.
 (Address) Springfield, Mo.

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