

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

Do not use this space.

**20402**

**1. PLACE OF DEATH**

County *Merces*

Registration District No. *553*

Township *Marion*

Primary Registration District No. *5746*

City (No. ....)

File No. ....

Registered No. *14*

St. .... Ward)

**2. FULL NAME** *Johu Hoodie*

(a) Residence No. *Merces Mo.* Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4, 1933*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Rula Hoodie*

22. I HEREBY CERTIFY that I attended deceased from *May 29, 1933* to *June 4, 1933*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-5-1876*

I last saw him alive on *June 3, 1933*. Death is said to have occurred on the date stated above, at *2:45 P.M.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *56 10 29*

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

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

*Cardiac Hypertrophy*

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

*Arteriosclerosis*

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

*95 B*

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Merces Co. Mo.*

FATHER 13. NAME *James Hoodie*

Name of operation Date of

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

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

MOTHER 15. MAIDEN NAME *Rinda M. Intosh*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT *Chie Hoodie Collier* (ADDRESS) *Princeton Mo.*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Early Cemetery* DATE *6-5-1933*

Manner of injury

19. UNDERTAKER *Spangler Funeral Home* (ADDRESS) *Merces Mo.*

Nature of injury

20. FILED *6-6* 19 *Mary R. Fishers* Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *D. S. Duff*, M. D.

(Address) *Cainsville 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.

JUN 23 1933

