WHITE PAPER, 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.

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

Do not use this space.

24811

File No. .....
Registered No. 6221

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City of St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Clarence Wilson Hood

(a) Residence, No. 38 Plant Ave. St. ..... Ward. Webster Groves, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1911

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
22	5	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas

FATHER

13. NAME William Allie Hood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County, Kentucky

MOTHER

15. MAIDEN NAME Della McFadden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland County, Indiana

17. INFORMANT (ADDRESS) William A. Hood (Father) 38 Plant Ave. Webster Groves

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE July 20, 1933

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin 23 W. Lockwood Webster Groves

20. FILED July 19 1933 J. F. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1st — 1933, to July 17 — 1933
I last saw h. alive on July 17, 1933. Death is said to have occurred on the date stated above, at 12:33 p.m.
The principal cause of death and related causes of importance were as follows:

Sarcoma L. Lung — Date of onset 2-7-33
2 yrs
9 mo
1 mo

Other contributory causes of importance:
Infection Rt. lung, Terminal Arteriosclerosis (aorta)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? No
If so, specify .....
(Signed) Ralph E. Gaston, M. D.
(Address) Webster Groves, Mo.