

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

Do not use this space.

33196

**1. PLACE OF DEATH**

County Jackson  
Township Ray  
City Kansas City (No. 72 C. General Hosp)

Registration District No. BE  
Primary Registration District No. BE

File No. \_\_\_\_\_  
Registered No. 1121  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 514 1/2 Main St.  
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds.

Ward. 121 Kansas  
(If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhoda J. Hood  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1898  
7. AGE YEARS 51 MONTHS 7 DAYS 18  
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor  
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) Opolis Kansas

MOTHER 13. NAME John Hood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Ky

15. MAIDEN NAME Nancy Stineswell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

17. INFORMANT (ADDRESS) Mr Albert Hood 1212 Kansas Indepth

18. BURIAL, CREMATION, OR REMOVAL PLACE Dees Summit Mo DATE 10-21-1933

19. UNDERTAKER (ADDRESS) Oct Mitchell Independence Mo

20. FILED 10-20-1933 M. M. Crowl and Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19-1933  
22. I HEREBY CERTIFY, That I attended deceased from 10-18-33 to 10-19-33, 1933  
I last saw him alive on 10-19-33, 1933. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:  
Selbar Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance none  
Name of operation none 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? \_\_\_\_\_ 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) J. J. [Signature] M. D.  
Address Dept. 12 C. Gen. Hosp. Kansas

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.

NOV 10 1933

