

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

Do not use this space.

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302

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township St Joseph

Primary Registration District No. 1001

City St Joseph

(No. of State Hosp # 2)

File No. _____

Registered No. 122

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Liberty Mo St. _____ Ward _____
(Usual place of abode)

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13 - 1857

7. AGE YEARS 76 MONTHS 2 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Penn Pa

13. NAME Geo Hoover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmersburg Pa

15. MAIDEN NAME Wilmersburg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmersburg Pa

17. INFORMANT (ADDRESS) State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Hammer

19. UNDERTAKER (ADDRESS) Church - Wicher Co

20. FILED 2-1-1934 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 19 1933 to Jan 31 1934

I last saw him alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 10 400 m.

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

Cerebro Arteriosclerosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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? 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) Clyde Smith, M. D.

(Address) State Hosp no 2

WHILE PLAIN 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.

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[Handwritten initials]

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