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 25 1934

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

Do not use this space.

12824

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kans — Primary Registration District No. — Registered No.
City Kansas City (No. 1527 Chelsea St. Ward)

2. FULL NAME Jennie Ada Hoover
(a) Residence, No. 1527 Chelsea St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe.
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 James E. Hoover
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6 - 1859
7. AGE YEARS 74 MONTHS 11 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Canton Penn.

FATHER
13. NAME Andrew Taber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Amanda Wright Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) James E. Hoover
18. BURIAL, CREMATION, OR REMOVAL Burlingame Kans DATE April 6, 1934
19. UNDERTAKER (ADDRESS) Rose & Henderson 15 Jackson
20. FILED Apr 6, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1934
22. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1934, to Apr 4, 1934
I last saw her alive on Apr 4, 1934. Death is said to have occurred on the date stated above, at 12 15 a m.
The principal cause of death and related causes of importance were as follows:
Cerebral-Hemorrhage — Date of onset 4-2-34
Other contributory causes of importance: Arterio-Sclerosis
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?
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) W R Ferster, M. D.
(Address) 1529 Lister

Dr. Tersler,
1529 Lister