

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.

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

Do not use this space.

JUL 17 1934

1. PLACE OF DEATH
 County Laclede Registration District No. 4-9 File No. 25239
 Township Anglers Primary Registration District No. 56-26 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Martha E. Hooper
 (a) Residence, No. _____ 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 F 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 B. C. Hooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Golden City Mo.

13. NAME P. P. Wallis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

15. MAIDEN NAME Virginia Thompson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

17. INFORMANT Mrs. Bert Miller
 (ADDRESS) Labanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hooper Cemetery DATE 7/10/34

19. UNDERTAKER Palmer
 (ADDRESS) _____

20. FILED 7/9 1934 J. A. M. Coub
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1934

22. I HEREBY CERTIFY That I attended deceased from July 8 1934 to July 8 1934
 I last saw her alive on July 8 1934. Death is said to have occurred on the date stated above, at 2:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Uremia
Chronic Bright's

Other contributory causes of importance:
None

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

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) N. A. Hamilton, M. D.
 (Address) Labanon, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Laclede
Township Beaumont
City (No.) St. Ward

Registration District No. 450
Primary Registration District No. 5616

File No. 5
Registered No. 5

2. FULL NAME

Martha E Hooper

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF B. C. Hooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 7 8

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

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) Golden City, Mo.

13. NAME R. P. Wallis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

15. MAIDEN NAME Theresa M. Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

17. INFORMANT (ADDRESS) Mrs. Vera Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Hooper Cem DATE 7/10/34

19. UNDERTAKER (ADDRESS) Palpover

20. FILED 7-34 19 34 B. A. Atkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934 to July 8, 1934

I last saw him/her alive on July 8, 1934. Death is said to have occurred on the 8th day above, at 2 P. m.

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

Unrestrained Date of onset

Other contributory causes of importance:

the Brights

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

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) H. A. Hamilton, M. D.

(Address) Lebanon Mo

S-25239