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SEP 18 1934

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

Do not use this space.

30253

1. PLACE OF DEATH

County Nodaway  
Township Maryville  
City Maryville

Registration District No. 6251  
Primary Registration District No. 3031

File No. ....  
Registered No. 90 .....

2. FULL NAME Rebecca Matilda Hooker

(a) Residence, No. 1004 North Main St. Ward. ....

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. D. Hooker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. II, 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
92 5 20

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) Ill. Davis Co. (STATE OR COUNTRY)

MOTHER

13. NAME Halstead S. Townsend

14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

15. MAIDEN NAME Hannah Carver

16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

17. INFORMANT Hal Hooker (ADDRESS) Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liriam Cemetery DATE Aug. 3 1844

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo.

20. FILED 8-4 1934 Manning & Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26<sup>th</sup> 1934, to Aug 1 1934  
I last saw her alive on July 27<sup>th</sup> 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Excessive heat Date of onset 7-15-34  
Senility 191

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Symptoms 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? no  
If so, specify.....

(Signed) C. V. Martin, M. D.  
(Address) Maryville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be extremely supplied. AGE should be stated EXACTLY. PHYSICIANS should state

