

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.

FEB 27 1935

1. PLACE OF DEATH

County Pemiscot

Registration District No. 651

Township St. Catharinesville

Primary Registration District No. 4388

City St. Catharinesville (No. 1)

File No. 30291-a

Registered No. 14

St. _____ Ward _____

2. FULL NAME Mary J. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-28-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 4 87

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catharinesville Mo

MOTHER 13. NAME Johnie Hooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Biggard Ark

15. MAIDEN NAME Emma Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cotton Wood Ark

17. INFORMANT (ADDRESS) Johnie Hooper Catharinesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE 8-6-34

19. UNDERTAKER (ADDRESS) German Undert Co Steeple Mo

20. FILED Feb 6 1935 Uda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-34

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1934, to Aug 5, 1934

I last saw h. alive on _____, 19____ Death is said

to have occurred on the date stated above, at 11 P.m.

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

Marasmus Date of onset 7/1/34

Other contributory causes of importance: Colitis 11/7/34

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? L 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 L

Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James P. Vickrey, M. D.

(Address) Steele, Mo.

