

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

Do not use this space.

SEP 13 1934

32271

1. PLACE OF DEATH

24
-1934

County Clay
Township Jackson River
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 304
Halcomb

File No. 108110
Registered No. _____
St. _____ Ward _____

FULL NAME

George S. Hoopman
123 Vine St

(a) Residence No. _____ (Usual place of abode) _____ Ward _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 69 5

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

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) Unknown (Ohio)
unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mitchell Halder
(ADDRESS) Wagon 107

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE Sept 4 1934

19. UNDERTAKER Herbert Rose
(ADDRESS) Excelsior Springs

20. FILED 9-7-1934 Mr. Paul M. ... Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2-1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934 to Sept 2, 1934

I last saw him alive on Sept 2, 1934 Death is said to have occurred on the date stated above, at _____ m.

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

Septicemia - from retention urine
arterio sclerosis
Had stroke probably May 21-34

Name of operation none Date of _____
What test confirmed diagnosis? urine 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) J. D. Craven, M. D.
(Address) Excelsior Springs, Mo

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.

