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.

FEB 19 1935

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

Do not use this space.

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 459
City KC Mo (No. MERCY St. Ward)

2. FULL NAME Thomas William Hoover
(a) Residence, No. St., Ward. Liberty Mo
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-35
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 30 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) LIBERTY MO

FATHER
13. NAME William HOOVER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Anita STOCKHAM
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LIBERTY MO.

17. INFORMANT (ADDRESS) W. F. HOOVER Liberty Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE LIBERTY, MO DATE 1-31- 1935
19. UNDERTAKER (ADDRESS) CHURCH + ARCHER
20. FILED 1-30- 1935 M. M. Crowe Assn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30, 1935
22. I HEREBY CERTIFY, That I attended deceased from 1-30-, 1935 to 1-30-, 1935
I last saw him alive on 1-30 1935. Death is said to have occurred on the date stated above, at 8 55 pm.
The principal cause of death and related causes of importance were as follows:
Prematurity — Date of onset 1-29-35

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Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — 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) Harry M. Tilkey, M. D.
(Address) 1316 Proff Bldg KC Mo.