

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.

1935
T85

MAR 28 1935

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

Do not use this space.

6383

1. PLACE OF DEATH

County Pettis
Township Smithton
City _____ (No. _____) St. _____ Ward _____

Registration District No. 669
Primary Registration District No. 5892

File No. _____
Registered No. 8

2. FULL NAME

Mary Susan Hood

(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3 - 1886</u>		
7. AGE	YEARS <u>79</u>	MONTHS _____
	DAY <u>18</u>	If LESS than day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Fayetteville North Carolina</u>		
MOTHER FATHER	13. NAME <u>James Anderson Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
	15. MAIDEN NAME <u>Catherine Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
17. INFORMANT <u>Albert G. Hood</u> (ADDRESS) <u>Smithton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flat Creek</u> DATE <u>2-23-1935</u>		
19. UNDERTAKER <u>A. F. Younger</u> (ADDRESS) <u>Smithton Mo</u>		
20. FILED <u>2-23</u> 1935 <u>Mrs. J. L. Housess</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1935

I HEREBY CERTIFY, That I attended deceased from Jan 1 1935, to _____ 19____
I last saw him alive on Feb 21 1935. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Dysentery
Senile Dementia

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) A. G. Hood, M. D.
(Address) Smithton Mo.

