WHITE PLANET, 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.

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

JUN 27 1935

Do not use this space. 13943-a

1. PLACE OF DEATH
County Polk — Registration District No. 701 — File No.
Township Cliquot — Primary Registration District No. 6292 — Registered No. 33
City (No. Isabel? St. Ward)

2. FULL NAME Laura Osolell Hook
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Morris Hook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5
7. AGE: YEARS 59 — MONTHS 11 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Ind.

FATHER
13. NAME: Michel Kelley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER
15. MAIDEN NAME: Margret Cutsinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): J. E. Kelly, Bolivar Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ennon DATE April 22 1935
19. UNDERTAKER (ADDRESS): Hutcheson & Blue, Bolivar Mo.
20. FILED April 22 1935 — J. F. Robert, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 21, 1935
22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935, to April 15, 1935
I last saw her alive on April 15, 1935 Death is said to have occurred on the date stated above, at 7:40 p.m.
The principal cause of death and related causes of importance were as follows:
Cardio Vascular Renal Disease With Hypertension
Date of onset
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?
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?
If so, specify
(Signed) G. D. Smith, M. D.
(Address) Bolivar Mo.