

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

Do not use this space.

MAY 13 1935

**791
1003**

14741

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.
Primary Registration District No.
(No. *St. Mary's Infirmary*)

File No.
Registered No. **3578**
St. Ward)

2. FULL NAME

(a) Residence, No. *565 Halland* St. *n.r.*
(Usual place of abode) *Washburn Mo.*

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Colored* 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) *May 21st 1909*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 10 25

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

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) *Apr. 15, 35* 11. Total time (years) spent in this occupation. *Unk.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Waverly Tenn*

13. NAME *Thomas Hooper*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Waverly Tenn*

15. MAIDEN NAME *Alsie Woodard*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Waverly Tenn*

17. INFORMANT (ADDRESS) *Thomas Hooper Waverly Tenn*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *April 20, 1935*

19. UNDERTAKER (ADDRESS) *Chas. J. Sells 4167 7th Ave. Washburn Mo.*

20. FILED *APR 21 1935*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 16 1935**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

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

to have occurred on the date stated above, at **8:50 P.M.**

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

Fractured Skull, Laceration of Brain, Laceration of Scapula, Dislocation of Cervical Vertebrae, received in fall from Marmon Sedan.

Other contributory causes of importance:

ACCIDENT.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes.**

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

Accident, ~~INDUSTRIAL ACCIDENT~~ Date of injury **4/14, 1935**

Where did injury occur? **Clayton Rd., St. Louis Co**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place.

Manner of injury **Fall From Auto.**

Nature of injury **Fractured Skull.**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harold G. Blum* M.D.

(Address) *Washburn Mo.*

4/17/35

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.

