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.

SEP 2 5 1935

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

Do not use this space.
26499
32.48

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Infant Hooper
(a) Residence, No. 3238 South Benton St., Ward.
(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: Female
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) 1935 Aug 15
7. AGE: YEARS / MONTHS / DAYS — If LESS than 1 day, hrs. or 10 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo.

FATHER
13. NAME Kenneth P Hooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo.

MOTHER
15. MAIDEN NAME Geraldine Healer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Husband 3238 South Benton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 19
19. UNDERTAKER (ADDRESS) Mellody-McGilley Kansas City, Mo.
20. FILED Aug 17 1935 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16th 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1935 to Aug 16, 1935
I last saw her alive on Aug 16, 1935. 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:
Premature (6 months) lived ten minutes
Date of onset
Other contributory causes of importance:
Placenta previa
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) Paul V. O'Rourke M. D.
(Address) 1402 Bryant

Have Dr. C Hanche sign
placed