8-4-36
17-5
APR 23 1936

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

Do not use this space.

File No. 10624
Registered No. 12590

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002
City Kansas City, Mo., (No. 3516 Summit St. Ward)

2. FULL NAME James Carroll Hooks
(a) Residence, No. 3516 Summit 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: Man
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: Alice Hooks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-17-1849
7. AGE: Years 86 Months 11 Days 23 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: James Hooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER
15. MAIDEN NAME: Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

17. INFORMANT: R. L. Hooks
(ADDRESS): Room 1 Union Station
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Winchester Va DATE: 3/12, 1936
19. UNDERTAKER: O. V. MAST FUNERAL HOME, INC.
(ADDRESS): 3146 Main St.
20. FILED: Mar 10, 1936 M. M. Grove, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-10-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-6-36, 19..., to 3-10, 1936
I last saw h. alive on 3-10, 1936. Death is said to have occurred on the date stated above, at 8:25 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	?
93e	
Other contributory causes of importance: Pulmonary Edema	3/10/36

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? No
If so, specify
(Signed) M. L. Myers, M. D.
(Address) 1034 Reath Bldg
Lacuo

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.

Pastor
Southern Methodist Church
New Market Va.

Jones & Co
Kurtz Geo W
Parlex F Home
} av Winchester

DEMJ Owens 2 P. each 4 30 pm