

129
APR 27 1936

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

Do not use this space.

18322

1. PLACE OF DEATH

County Verona
Township Washington
City Washington (No. _____, _____, _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 98
St. _____ Ward _____

2. FULL NAME HOOD Gertrude

(a) Residence, No. State Hospital No. 3, Nevada Mo. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 6 20

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) Miami County Indiana

13. NAME A. F. Hood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Ada Beutler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) A. F. Hood Spring City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring City, Mo. DATE 4-6 1936

19. UNDERTAKER (ADDRESS) W. H. Witherspoon Clinton Missouri

20. FILED H. C. Eickinger Registrar. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11 1934 to April 6 1936
I first saw her alive on April 5 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction Date of onset 4-6-36

Other contributory causes of importance: Brachypneumonia 4-1-36

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 None

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. H. Pearce Jr. M. D.
(Address) State Hospital No. 3, Nevada

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.

