

19 MAR 17 1937

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

Do not use this space.

5419

1. PLACE OF DEATH

County Cass
Township Coop
City Strasburg Mo (No. _____)

Registration District No. 159
Primary Registration District No. 4093

File No. _____
Registered No. 1 St. _____ Ward _____

2. FULL NAME

Matilda Jane Hoover

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Frank Hoover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 6 2

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

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) Kentucky

13. NAME ? Speck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Rebecca Speck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Harry Johnson
Strasburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Strasburg DATE Feb 21 1937

19. UNDERTAKER (ADDRESS) J. A. N. Jirges
Pleasant Hill Mo

20. FILED 2/30 1937 W Beckman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1937, to 2-16, 1937.

I last saw her alive on 2-16, 1937. 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:

Broncho-Pneumonia Date of onset 2/8/37

Other contributory causes of importance:

Influenza 2/4/37

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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) W Beckman, M. D.
(Address) Strasburg Mo.

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.

MOTHER FATHER OCCUPATION
Plattner to
Leather & Sams

