

MAR 31 1937

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

Do not use this space.

7756

1. PLACE OF DEATH

County Ralls Registration District No. 728Township C Primary Registration District No. 5961City Osceola (No. R. F. D. #4 Hannibal) St. _____ Ward)

File No. _____

Registered No. _____

2. FULL NAME Emily Gay Hooper(a) Residence, No. R. F. D. #4 Hannibal 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard S. Hooper6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 18677. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 2 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Shelby County Mo13. NAME Calie Gay14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Emily Haden16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mrs. W. T. Young
R. F. D. #4 Hannibal Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina Mo DATE Feb. 28, 193719. UNDERTAKER (ADDRESS) James O. Council
Hannibal Mo20. FILED 310 1937 Murriel Shurt
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1937, to February 26, 1937.I last saw her alive on Feb. 22, 1937. Death is saidto have occurred on the date stated above, at 10 P. M.

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

General Arteriosclerosis
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Pulmonary tuberculosis
Spinal
Chronic nephritis

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) Mary L. Praytz M. D.

(Address) _____

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.

