

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

Do not use this space.

APR 20 1937

1. PLACE OF DEATH

County Jasper

Registration District No. 411

File No. 12267

Township Joplin

Primary Registration District No. 2007

Registered No. _____

City Joplin (No. Keystone Hotel)

St. _____ Ward _____

2. FULL NAME

Louise C. Hoover

(a) Residence, No. Keystone Hotel (Usual place of abode) _____ Ward _____

(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 F 4. COLOR OR RACE W 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) 6-25-1860

7. AGE YEARS 77 MONTHS 9 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. 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) Carlisle, Pa.

13. NAME Samuel Hoover

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

15. MAIDEN NAME Harriett Carman

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

17. INFORMANT (ADDRESS) Frank C. Wallower, Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 3-27-37

19. UNDERTAKER (ADDRESS) Hughes Med. Co. Joplin, Mo.

20. FILED 3-26-37 Ed J. Jernie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-21-37 to 3-25-37

I last saw her alive on 3-24-37 Death is said to have occurred on the date stated above, at 2a a.m.

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

Influenza

Date of onset 3-19-37

Other contributory causes of importance: Lobar Pneumonia (Right upper)

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) Edmund T. Mealy, M. D. (Address) 308 F. W. Co. Bldg

Robt. J. Ke...

WRITE PLAINLY WITH 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.

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