

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 22 1937

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

Do not use this space.

31419

1. PLACE OF DEATH

County Linn
Township Holland
City Tray (No.)

Registration District No. 654
Primary Registration District No. 6287

File No.
Registered No. St. Ward

2. FULL NAME Tray Hooper

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1937, to 6-10, 1937. I last saw h. alive on 6-10, 1937. Death is said to have occurred on the date stated above, at 6:00 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 9 - 36

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>9</u>	<u> </u>	<u>1</u>	<u> </u>

Pneumonia

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland Mo

13. NAME N E Hooper

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

15. MAIDEN NAME Cora Lee Douglas

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT N E Hooper (ADDRESS) Holland Mo

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE North side DATE 6-14, 1937

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER Harvey J. ... (ADDRESS) North side

If so, specify (Signed) D. C. McLean, M. D.

20. FILED 8-24, 1937 Registrar

(Address)

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31419

Do not use this space.

1. PLACE OF DEATH

(a) County LeMotte Registration District No. 652
 (b) Township Holland Primary Registration District No. 6281
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No.

2. PRINT FULL NAME

(a) Residence, No. Troy Hoover St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1937

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

19... to ... 19...
 I last saw h. alive on ... 19... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Pneumonia
broncho pneumonia
Whooping Cough

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance: 9

FATHER 13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19...

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

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

24. Was disease or injury in any way related to occupation of deceased?

19. FUNERAL DIRECTOR (ADDRESS)

If so, specify

20. FILED 8-21-37 Tom Kugan Local Registrar

(Signed) D.C. McLean, M. D.

(Address)

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important. Do not leave in blank terms, so that it may be properly classified.

S-31419