

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.

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

Do not use this space.

JAN 15 1938

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph

Registration District No.

85

File No.

44768

Primary Registration District No.

1001

Registered No.

1373

(No.) Missouri Methodist Hospital

St.

Ward

2. FULL NAME Ella Frances Hooper

(a) Residence, No. 1519 South 25th. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

SA. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Richard Hooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1874.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	63	6	8	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	House-wife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Own Home
	10. Date deceased last worked at this occupation (month and year)	1937.

11. Total time (years) spent in this occupation?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Sugar Lake Missouri
--	---------------------

13. NAME FATHER	Henry Overlay
-----------------	---------------

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Glasgow Scotland
--	------------------

15. MOTHER	Laura Heisel
------------	--------------

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Hall Station Missouri
--	-----------------------

17. INFORMANT	Richard Hooper
---------------	----------------

(ADDRESS) 1519 So. 25th. St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Memorial Park

PLACE St. Joseph, Mo. DATE Dec. 18, 1937

19. UNDERTAKER H. O. Sidenfaden and Son

(ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED 12/17/37 by J. H. Neathery

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1937

22. I HEREBY CERTIFY. That I attended deceased from

July 6, 1937, to Dec 15, 1937.

I last saw her alive on Dec 15, 1937. Death is said

to have occurred on the date stated above, at 6:10 P.M.

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

Chronic myocarditis
coronary occlusion

Date of onset
Sept 1937

Oct 1937

Other contributory causes of importance:
Diabetes mellitus

1917

Name of operation None Date of

What test confirmed diagnosis? Lab X-Rays 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? No

If so, specify.....

(Signed) E. M. Scores M. D.

(Address) 317 North Main Street

St. Joseph Mo.

500000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000

100000000