

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

Do not use this space.

JAN 21 1938

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1. PLACE OF DEATH  
County Nodaway Registration District No. 626  
Township Independence Primary Registration District No. 5828  
City Parnell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dr. Perry Ellsworth Hood 300

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 40 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 Male 4. COLOR OR RACE White 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) Febr. 13, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dentist  
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 44

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) near Clowdage Indiana

13. NAME John Van Buren Hood

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) near Clowdage Indiana

15. MAIDEN NAME Amanda Michael

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) near Clowdage Indiana

17. INFORMANT John M. Hood  
(ADDRESS) 200 W. 1st Maryville

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryville Mo. Jan 7 1938

19. UNDERTAKER Chubbell Funeral Home  
(ADDRESS) Maryville, Mo.

20. FILED 1-9 1938 Wallace T. Kennedy  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1938

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

First seen alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Poisoning, by swallowing carbolic acid with suicidal intent Date of onset 1/5

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 1-5, 1938

Where did injury occur? near Parnell, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Railroad right of way

Manner of injury Swallowing carbolic acid

Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Chas. D. Humbert, M.D. (Signed) \_\_\_\_\_

(Address) Cooper, Nodaway Co., Mo.

Maryville Mo.

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.

