

FEB. MAR 29 1938

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

Do not use this space.

9:30 A.M.

7307

## 1. PLACE OF DEATH

58 County Linn  
Township Parsons Creek  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 5035669  
Primary Registration District No. 4306

File No. \_\_\_\_\_  
Registered No. 192  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

William C. Hoover 160  
(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes Stearns Hoover</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 5, 1910</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>4</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher 30 1/2.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ins. office</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2-5-1938</u>	
	11. Total time (years) spent in this occupation <u>10 yr.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co. Missouri</u>		
FATHER	13. NAME <u>John Hoover</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jennison</u>	
MOTHER	15. MAIDEN NAME <u>Eldridge Powell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bullington Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Agnes Stearns Hoover Meadville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Meadville, Mo.</u> DATE <u>Feb. 7, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>M. S. Thorne Sedalia, Mo.</u>		
20. FILED: <u>3-5-38</u> 19 <u>38</u> <u>W. E. W.</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-38, 193822. I HEREBY CERTIFY, That I attended deceased from 2-5-, 1938, to \_\_\_\_\_, 1938.I last saw h. i. m. alive on 2-5-, 1938. Death is saidto have occurred on the date stated above, at 8:30 A.M.

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

Myocardial failure  
Chronic myocarditis  
A3C

Date of onset

Other contributory causes of importance:

Senility

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 \_\_\_\_\_, 1938

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) S. H. Hanson D.O.(Address) Meadville Mo.

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.

