

REC'D SEP 14 1938

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

28358
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
(b) Township Washington Primary Registration District No. 001
(c) City Saint Joseph (d) Street No. Saint Joseph Hospital Registered No. 850
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 2 yrs. 8 mos. 7 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willie Elsie Hook

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) January 7, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
2 7 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE
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

12. BIRTHPLACE (CITY OR TOWN) Halls, 0
(STATE OR COUNTRY) Missouri

13. NAME William G. Hook 0

14. BIRTHPLACE (CITY OR TOWN) Halls, 0
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Opal Try

16. BIRTHPLACE (CITY OR TOWN) Kansas City,
(STATE OR COUNTRY) Missouri

17. INFORMANT William G. Hook,
(ADDRESS) Halls, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKabb cemetery DATE Aug. 16, 1938

19. FUNERAL DIRECTOR E. R. SIDENFADEN FUNERAL HOME
(ADDRESS) 602 South 10th Street

20. FILED Aug 16, 1938 H. J. Neethus
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th 1938 to Aug 14th 1938, 1938
I last saw him alive on Aug 14th 1938. Death is said to have occurred on the date stated above, at 11:20 P.M.
The principal cause of death and related causes of importance were as follows:

Dysentery
DYSENTERY

Date of onset

Other contributory causes of importance: 1030

Name of operation _____ Date of _____
What test confirmed diagnosis? Clement 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
Specify _____
(Signed) A. Sharp M. D.
(Address) Rushville 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.

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STATEMENT BY LICENSED EMBALMER

I, Theron O. Smith, Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

I. E. and Mollie Sidenfaden

No. 3928 or by _____, Registered Apprentice No. 145
working under my personal supervision.

Signed

Theron O. Smith

Licensed Embalmer No. 3928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)