FILED OCT 15 1938

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

Do not use this space.

31422

File No.

Registered No. 3719

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 2626 Cleveland St. Ward)

2. FULL NAME L. B. Hooper 160 N.M.O.

(a) Residence, No. 2626 Cleveland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Elma Hooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4, 1876

7. AGE: 62 YEARS, MONTHS: 4, DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bradford Shoe Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

FATHER

13. NAME: Wm Hooper 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 1

MOTHER

15. MAIDEN NAME: Frances A. Barber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Mrs Elma Hooper, 2626 Cleveland

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forrest Hill DATE: 9-24-38, 19

19. UNDERTAKER (ADDRESS): Sheehan Funeral Home, 4316 Troost

20. FILED: Sept 24, 1938 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-22-38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to Sept 22, 1938

I last saw him alive on Sept 22, 1938. Death is said to have occurred on the date stated above, at 11/40 a.m.

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

	Date of onset
Bronchiogenic Carcinoma	unknown
47 C	

Other contributory causes of importance:
Left Pleural Effusion
Metastatic Carcinoma
of dorsal vertebrae.

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray 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) R W Anderson, M. D.

(Address) 915 Argyle Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is