

NOV 23 1938

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

36883
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 615
 (b) Township Mania Primary Registration District No. 5817 Registered No. 11
 (c) City Diamond (d) Street No. Dr. Cheatham Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie Altha Hooker

(a) Residence, No. Diamond, Missouri 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hooker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Neosho (STATE OR COUNTRY) Missouri

13. NAME W. E. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

15. MAIDEN NAME Hellice Grosch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Eva King (ADDRESS) Diamond, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho Cemetery DATE 10-5-38

19. FUNERAL DIRECTOR Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED 10-5-38 Mrs. W. S. Chapman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938, to Oct 3, 1938. I last saw her alive on Oct 3, 1938. Death is said to have occurred on the date stated above, at 9:10 m. a. m. The principal cause of death and related causes of importance were as follows:

Carcinoma of the uterus

Date of onset 1938

Other contributory causes of importance:

Operation

Name of operation Hysterectomy Date of 9-25-38
 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? No 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. T. Cheatham, M. D.
Diamond Mo (Address)

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-445

Date Filed 11/4/38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Eddie

Licensed Embalmer No. 2222

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.)