

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

Do not use this space.

1897 MAR 9 1939

6342

1. PLACE OF DEATH

County Crawford
 Township Cow Hill
 City Barabour

Registration District No. 234
 Primary Registration District No. 6-2-19

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

James Thomas Hoover

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie McFarland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 12

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

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, months, and days) spent in this occupation _____

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

13. NAME Thomas Peter Hoover

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

15. MAIDEN NAME Elizabeth Hubb

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

17. INFORMANT Mrs. Jessie Hoover
 (ADDRESS) Barabour, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE 1-29-39

19. UNDERTAKER Albert C. Long
 (ADDRESS) Barabour, Mo.

20. FILED Feb. 14, 1939 Mrs. Lillie Rippey
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Not Recently to _____, 19____
 I last saw him alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 9:30 pm.

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

Chronic Myocarditis
Date of onset not known

Death was due to natural causes.

Other contributory causes of importance:
Of Rheumatic origin

Name of operation no operation Date of _____
 What test confirmed diagnosis? History 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) E. L. Harris M. D.
 (Address) Barabour, Mo.

Every item of information should be accurately 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.

