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.

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

Do not use this space.

REC'D APR 17 1939

9706

1. PLACE OF DEATH
County Jackson 1 2 Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No. 1312
City Kansas City (No. Menorah Hospital St. Ward)

2. FULL NAME Adele Miller Hood
(a) Residence, No. St., Ward. Pittsburg, Kans
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)~~ Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. C. Hood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1890
7. AGE L YEARS 48 MONTHS 8 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Ks.

FATHER
13. NAME C. A. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarinda Ia

MOTHER
15. MAIDEN NAME Mary J. Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murphys Calif

17. INFORMANT (ADDRESS) Mrs. C. A. Miller Pittsburg Kans
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Pittsburg Kan DATE 3-25 1939
19. UNDERTAKER (ADDRESS) Freeman Mortuary 104 W 42nd KCMo
20. FILED Mar 26, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939, to Mar 25, 1939
I last saw her alive on Mar 25, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (left side)	
Encephalomyelaeia	
x Cerebral Thrombosis	

Other contributory causes of importance: 82a

Name of operation Clinical & Pathology Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Ralph Emerson Duncan M. D.
(Address) 909 Argyle Bldg Kansas City Mo