REC'D MAY 11 1939

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

14919
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 318
(b) Township N Campbell Primary Registration District No. 2001 Registered No. 357
or
(c) City SPRINGFIELD (d) Street No. St John 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. 10 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LAURA MELLISA HOOK
(a) Residence, No. 1515 W Thoman St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Jas. W Hook (Deceased)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3-1859
7. AGE ✓ YEARS 79 MONTHS 6 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as saw mill, bank, etc. Keeper
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) Ill

FATHER
13. NAME James Towensend
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Elizabeth Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Oliver T Hook 1515 W Thoman
18. BURIAL, CREMATION, OR REMOVAL PLACE Rutherford DATE 5-2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunn Hall Springfield Mo
20. FILED May 1 1939 Chas A George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1939
22. I HEREBY CERTIFY, That I attended deceased from April 26, 1939, to April 29, 1939
I last saw her alive on April 29, 1939. Death is said to have occurred on the date stated above, at 10:30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	
2. Auto accident with possible intracranial injuries	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? Accident Date of injury 4-26, 1939
Where did injury occur? Springfield Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury Struck by auto while walking
Nature of injury Head injuries fractus arm rt.
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Malcolm Klingman, M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Floyd W. Fox

Licensed Embalmer No. 7910

P. O. Address 6 7 9 W Walnut

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

If this body is not embalmed, above space should be left blank.