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.

REC'D JUN 1 5 1939

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

Do not use this space.

18178

1. PLACE OF DEATH
County Butler
Township Poplar Bluff
City [redacted] (No. ..... , ... St. ..... Ward)

Registration District No. 89
Primary Registration District No. 5131

File No. 139
Registered No.

2. FULL NAME Baby Hooper

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1939

7. AGE — YEARS: — MONTHS: 0 — DAYS: 0 — If LESS than 1 day, 0 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Ash Hill, Missouri 0

FATHER
13. NAME Gorman W. Hooper 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Hill, Missouri 0

MOTHER
15. MAIDEN NAME Cecil King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Hill, Missouri

17. INFORMANT (ADDRESS) Parents

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff DATE 4/1 1939

19. UNDERTAKER (ADDRESS) Private

20. FILED 5/30 1939 C. Clutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to ....., 19....
I last saw h..... alive on ....., 19..... 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
Stillborn	

Other contributory causes of importance:

Name of operation None Date of None
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? None Date of injury None, 19....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) J. W. McPheeters, M. D.
(Address) J. W. McPheeters, M. D.
Poplar Bluff, Missouri