REC'D JUL 14 1939

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

22670
Do not use this space.

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1. PLACE OF DEATH
(a) County Marion 2 Registration District No. 541
(b) Township ~~Mason~~ 1 Primary Registration District No. 3029 Registered No. 190
or
(c) City Hannibal (d) Street No. 1507 Wardlaw Street 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 3511 Victoria Julia Hooton
(a) Residence, No. 1507 Wardlaw 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Hooton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 30, ~~1939~~ 1863
7. AGE: YEARS 76 MONTHS 6 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) (STATE OR COUNTRY): Grayson County Texas

FATHER
13. NAME: Enoch Roland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls County Missouri

MOTHER
15. MAIDEN NAME: Martha Ann Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike County Missouri

17. INFORMANT (ADDRESS): Mr. Lester Hooton Hatch Avenue
18. BURIAL, CREMATION, OR REMOVAL: New London Mo
PLACE Barkley DATE 6/20/39 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Smiths' Funeral Home 902 Broadway Hannibal Mo.
20. FILED June 21, 1939 H C Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18/1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1939, to June 18, 1939
I last saw her alive on June 18, 1939. Death is said to have occurred on the date stated above, at 6:50 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chr myocarditis

92 C

Other contributory causes of importance:

Senility Arteriosclerosis

Name of operation: [illegible] Date of
What test confirmed diagnosis? Clin Was there an autopsy?

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?
If so, specify
(Signed) J Reichmann, M. D.
488 (Address) 1001 Bluff Hannibal 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

J.J.Marsh L.E.3932, Registered Apprentice No.

working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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

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