NOV 22 1939

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

35698
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 125
(b) Township Primary Registration District No. 3009 Registered No. 371
(c) City Cape Girardeau (d) Street No. St Francis Hosp. 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.

16
1
4

2. PRINT FULL NAME Charles Hiram Hooney
(a) Residence, No. 500 St. Benton, Scott Co, Mo,
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Marzilla I. Hooney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1857

7. AGE: Years 82 | Months 8 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) Oak Ridge Mo

FATHER
13. NAME Oliver Hooney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know. Don't Know!

MOTHER
15. MAIDEN NAME Julia Ann Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Ky

17. INFORMANT (ADDRESS) Mrs. H. F. Kirkpatrick Benton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cem Cape Co. Mo DATE Nov. 2, 1939

19. FUNERAL DIRECTOR (ADDRESS) Bistline & Hubbard Illmo Mo

20. FILED 10-31 1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/28, 1939, to 10/31, 1939
I last saw him alive on 10/31, 1939. Death is said to have occurred on the date stated above, at 9:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
	1/31
Other contributory causes of importance:	
Chr. Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C. L. Drewitt, M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X12804

STATEMENT BY LICENSED EMBALMER

I, Minnie Burplingkoff, Licensed Embalmer No. 3242

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Minnie Burplingkoff

Licensed Embalmer No. 3242

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