

FILED MAR 14 1940

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

Do not use this space.

8358

1. PLACE OF DEATH

County

Stoddard

Registration District No.

840

Township

Deer Creek

Primary Registration District No.

6102

City

Duquoin Mo. R. 1

File No.

Registered No.

7

St.

Ward)

2. FULL NAME

William Sherman Hooper

(a) Residence, No.

Stoddard Co. Mo. St. R. 1

(Usual place of abode)

(If nonresident, give city or town and State)

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

m

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

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

Dec 12-1881

7. AGE

58

YEARS

MONTHS

DAYS

29

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

Galster Co. Mo. all!

FATHER

13. NAME

unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Cecilia Dillard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Wilma Lee Hooper Duquoin Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Deer Creek Mo. DATE 2-8-40

19. UNDERTAKER (ADDRESS)

Wagners Galster Mo

20. FILED

2-13 1940 Deanna Dyess Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1938 to Feb 3 1940

I last saw him alive on Feb 3 1940. Death is said

to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

mitral regurgitation

Date of onset about 2 yrs ago

Other contributory causes of importance:

92 W

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

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) T. F. Farley, M. D.

(Address) 808 1 Gisk

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.

56M-10-23-36 I X3314

RECEIVED

District Health Officer No.

District File Number 340-70

Date Filed 2/18/41