

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.

FILED DEC 19 1941

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

Do not use this space.

39009

1. PLACE OF DEATH

County Frank
Township Wackerling
City Parkbridge (No. 1)

Registration District No. 646
Primary Registration District No. 5855-

File No. 77
Registered No. 7
St. 0 Ward 0

2. FULL NAME Maac HOOVER

(a) Residence, No. 110 St. Rural Ward: 0
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 1/2 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 - 1870

7. AGE YEARS 71 MONTHS 10 DAYS 17 If LESS than 1 day,hrs. ormin.

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) Parkbridge 0

13. NAME Martin Hoover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co 0

15. MAIDEN NAME Syntha Mader

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT Maud Hoover (ADDRESS) Parkbridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sanders DATE Nov 22 41

19. UNDERTAKER Ed. Marshall (ADDRESS) Starnesville Mo

20. FILED Nov 20 1941 Mrs. Riley Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-19 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1941 to Nov 18 1941

I last saw him alive on Nov-19 1941 Death is said to have occurred on the date stated above, at 9:55 p.m.

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

Coronary Arterio Sclerosis 3 yr
Arterial Hypertension ?
Other contributory causes of importance: 94a

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: M. J. Noerman M. D.

(Address) Starnesville

Noerman

May Young
Bribery, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1241-1814

Date Filed DEC 10 1941

