

JUN 21 1935

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

Do not use this space.

16265

1. PLACE OF DEATH

County Henry  
Township Leesville  
City Clinton AFD (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 5501A

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Laura Ellen Van Hooger

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. - 6 - 1868</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>4</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. Mo.</u>		
FATHER	13. NAME <u>James Carlton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Isabell Priestly</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
17. INFORMANT (ADDRESS) <u>Jacob Van Hooger</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tebbs Cemetery</u> DATE <u>6-2</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Wilkinson</u>		
20. FILED <u>6-3</u> 19 <u>35</u> <u>Dr. J. R. Hampton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1935, to May 20, 1935

I last saw her alive on 5-26, 1935. Death is said

to have occurred on the date stated above, at 1:05 P.M.

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

Chronic Gastritis and Nephritis

Date of onset April 1, 1935

Other contributory causes of importance:

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? NO  
If so, specify \_\_\_\_\_

(Signed) H. S. Sulphur, M. D.  
(Address) Clinton Mo

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.

