

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

File No. 45492

2. FULL NAME

Elex Garner Hooter
(a) Residence, No. 900 N. 2nd St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mertude Hooter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1970-Nov-1-

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 30

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. 1

10. Date deceased last worked at this occupation (month and year) 19 years 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo.

13. NAME William Hooter

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

15. MAIDEN NAME Sarah Jane Dixon

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

17. INFORMANT (ADDRESS) Lawman Hooker
Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE Jan. 1 1938

19. UNDERTAKER (ADDRESS) Shelton Furniture Co.
Clinton Mo.

20. FILED Jan 13 1938 J. R. Humphreys Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-31 1937

22. I HEREBY CERTIFY, that I attended deceased from Dec-21 1937 to Dec-31 1937

I last saw him alive on Dec-30 1937. Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Pneumonia
Chronic Hypertension
Other contributory causes of importance: AS

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) James O. Smith, 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.

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