

FILED FEB 15 1940 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. 357  
Township Fairview Primary Registration District No. 4208  
City Deepwater (No. 0) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2504

Registered No. 3

2. FULL NAME FANNY ELLA HOOPER 160

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 hours

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

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) Deepwater, MO

MOTHER FATHER 13. NAME Edward Franklin Hooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deep Summit, MO

15. MAIDEN NAME Ellen Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deepwater, MO

17. INFORMANT Mrs. Manda Hooper  
(ADDRESS) Deepwater, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Chapel DATE 1-12 1940

19. UNDERTAKER Thos. Hooper  
(ADDRESS) Deepwater, MO

20. FILED 1-12 1940 J. R. Kitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1940 to Jan 11 1940

I last saw him alive on Jan 10 1940 Death is said to have occurred on the date stated above, at 6:10 p. m.

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

Asphyxia Ventricum Bili Date of onset 1-11

Other contributory causes of importance: Pruritus & vertigo gestate

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Stomach Was there an autopsy? No

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 MS

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) S. B. Hughes M. D.

315 (Address) Clinton, Mo.

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

FORM-10-22-36 I X9314

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.

