Mc Pheeters

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

Do not use this space.

39305

JAN 26 1934

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff, ~~No~~ — Primary Registration District No. 3007 — Registered No. 49
City Poplar Bluff, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Henry Daniel Hooper
(a) Residence, No. 132 Bartlett St. St., ... Ward.
(Usual place of abode) Poplar Bluff, Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	4	13	

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) Grandin, (STATE OR COUNTRY) Missouri

FATHER
13. NAME Ennis Hooper
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. Ethel Lewis, daughter (ADDRESS) 132 Bartlett St. City

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Dec. 17, 1933

19. UNDERTAKER Greer Undertaking Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 12-21-, 1933 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1933, to 12/16, 1933
I last saw him alive on 12/16, 1933 Death is said to have occurred on the date stated above, at 3:45 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	
108	

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?
If so, specify.
(Signed) J. W. McPheeters, M. D.
(Address) Poplar Bluff, Mo.

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.

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