

DEC 12 1934

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

Do not use this space.

39996

1. PLACE OF DEATH

100

County McDonald  
Township Prairie  
City Southwest city Mo <sup>R#1</sup>

Registration District No. 315  
Primary Registration District No. 5687

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Esther Pearl Van Hoose

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10th 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 17  
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) Fairland OKLA.

13. NAME Arthur Van Hoose

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

15. MAIDEN NAME Rachel Jackson

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

17. INFORMANT Sterling Jackson (ADDRESS) Southwest City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Cemetery DATE Nov 28th/34  
Turkey Ford Oklahoma

19. UNDERTAKER (ADDRESS) None

20. FILED Nov 28th/34 John J. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH 1934

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27th 1934  
22. I HEREBY CERTIFY, That I attended deceased from Called after child's death 19... to 19...  
I last saw him/her on... at... Death is said to have occurred on the date stated above, at 12.00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Heart Probable Failure  
Date of onset

Other contributory causes of importance:  
None

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) R. E. Narmack, M. D.  
Southwest City Mo (Address)

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.

