

REC'D FEB 25 1939

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

3162

Do not use this space.

1. PLACE OF DEATH

(a) County Monroe 2 Registration District No. 582
(b) Township Washington Primary Registration District No. 5780 Registered No. 1
(c) City Hammond (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 91 yrs. 12 mos. 12 ds.

2. PRINT FULL NAME

400 Eliza A. Hooley
(a) Residence, No. Mourne Co. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed.</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 22 - 1857</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>11</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>domestic</u>		
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) <u>Missouri</u>		
FATHER	13. NAME <u>Blayburn, Safford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Weldon.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know.</u>	
17. INFORMANT (ADDRESS) <u>Mrs Victoria Haskitt</u> <u>Hammond Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mc Joy Cem</u> DATE <u>Jan 4</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Boyers Bros</u> <u>Hammond Mo.</u>		
20. FILED <u>1/18</u> 19 <u>39</u> <u>F. A. Barnett, M.D.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1938, to Jan 3 1939.
I last saw him alive on Jan 2 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
97 W
Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Edith B. B..., M. D.
P. H. ... (Address) _____

RECEIVED

District Health Officer No. 10

District File Number 10-39-133

Date Filed FEB 13 1939

STATEMENT BY LICENSED EMBALMER

I, George J. Givan, Licensed Embalmer No. 1754

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed George J. Givan

Licensed Embalmer No. 1754

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)