

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

Do not use this space.

9568

1. PLACE OF DEATH
 80 County Platte Registration District No. 670
 Township Death Creek Primary Registration District No. 5896
 City _____ (No. Beaman mo R70) St. _____ Ward _____

2. FULL NAME Henry Thomas Hood
 (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.

APR 28 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Hood
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 | 7 | 15
 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) (STATE OR COUNTRY) mo 1
 13. NAME James Hood
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 1
 15. MAIDEN NAME Eliza Green
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 1
 17. INFORMANT (ADDRESS) J. C. Hood
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 3/16 1932
 19. UNDERTAKER (ADDRESS) Fuller & Sons
 20. FILED Apr. 5 1932 Floresie Ferguson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1932
 22. I HEREBY CERTIFY, That I attended deceased from Mar 9 1932 to Mar 14 1932
 I last saw him alive on Mar 14 1932 Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
Paralysis of left side Mar 9 32
92 R
92 D
 Other contributory causes of importance: Arteriosclerosis
 Name of operation none Date of _____
 What test confirmed diagnosis? none 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) E. P. Eastwright M. D.
 (Address) Star. Route Sedalia 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.

