

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

11846  
815

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 12-3 File No. \_\_\_\_\_  
 Township Cape Girardeau Primary Registration District No. 3009 Registered No. \_\_\_\_\_  
 City Cape Girardeau No. St. Francis Hospital St. 3 Ward) \_\_\_\_\_

**2. FULL NAME**

Emilie Hoffman  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Carl Hoffman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 10 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed. (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) New Wells  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Joe Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Wilhemina

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT New Wells Operator  
 (Address) New Wells Mo

15. FILED 5/31 1921 CR REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1921

17. I HEREBY CERTIFY That I attended deceased from 5/31/21 to 5/31/21 1921  
 that I last saw him alive on 5/31/21 1921 and that death occurred, on the date stated above, at 9 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Surgical Shock  
1220 118 a  
 (duration) 9 hours  
 CONTRIBUTORY Large Ventral Hernia  
 (SECONDARY) (duration) 3 yrs. 6 mos.

18. WHERE WAS DISEASE CONTRACTED New Wells Mo.  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/31/21

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & D.H. Hooper, M.D.  
 (Signed) \_\_\_\_\_

21. (Address) Cape Girardeau Mo  
 State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Wells Mo DATE OF BURIAL June 4 1921

20. UNDERTAKER Loibright & Co ADDRESS Cape Girardeau 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.

