MAR 23 1928

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

Do not use this space.

7935

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 1001 — File No.
Township — Primary Registration District No. — Registered No. 382
City St. Joseph, (No. 823 Charles St. Ward)

2. FULL NAME Lillie Hoffman
(a) Residence. No. 823 Charles St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul M. Hoffman,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 2, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
73	3	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Easton,
(STATE OR COUNTRY) Pennsylvania,

PARENTS
10. NAME OF FATHER William J. Sussman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hessen Cassel
(STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Helen Froemming,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hessen Cassel,
(STATE OR COUNTRY) Germany,

14. INFORMANT Miss Adeline Hoffman
(Address) 823 Charles Street.

15. FILED MAR 26 1928 John G. Goth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1928 to Mar 24, 1928 that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
Paralysis Right side body
82A
82D
71 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 2 yrs. mos. ds.

174 A1

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Joseph MO
0 DID AN OPERATION PRECEDE DEATH? no DATE OF 0
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) F G Thompson, M. D
3/26, 1928 (Address) 825 Charles

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery
DATE OF BURIAL: Mch. 26 1928

20. UNDERTAKER: Heaton-BeGole & Bowman, by J. H. Kahle
ADDRESS: 319 S. 10 St. Funeral Home