

PR 25 1928

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

Do not use this space.

9406

1. PLACE OF DEATH

County St. Louis Registration District No. 411 File No. _____
Township _____ Primary Registration District No. _____ Registered No. 161
City St. Louis (No. 2315) _____ St. _____ Ward _____

2. FULL NAME

Wannah 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 W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Hoffman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 2 - 1894
7. AGE: YEARS 33 MONTHS 11 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
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 _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1928
I HEREBY CERTIFY that I attended deceased from March 15 1928 to March 27 1928 that I last saw her alive on March 27 1928 and that death occurred, on the date stated above, at _____ m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute nephritis (interstitial)
CONTRIBUTORY (SECONDARY) 148
18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? Dr. Fredlund M. D.
(Signed) _____ (Address) 3-27-28

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER M. M. Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Viola Parker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

14. INFORMANT Ray Hoffman

(Address) _____

15. FILED 3/1/28

Dr. A. Benson Registrar

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary

DATE OF BURIAL 3-29 1928

20. UNDERTAKER W. B. ...

ADDRESS _____

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.

