

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Warrensburg (No. 2940 Wabash Ave)

Registration District No. 399  
Primary Registration District No. 1099

File No. 13509  
Registered No. 11842

**2. FULL NAME**

Mary Louise Hoeman

(a) Residence No. 2940 Wabash Ave 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>9</u>	<u>2</u>	<u>19</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER James H. Hoeman

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

12. MAIDEN NAME OF MOTHER Jedick Langan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

14. INFORMANT James H. Hoeman  
(Address) 2940 Wabash

15. FILED 4/24 28 M.M. Crow REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1928

17. I HEREBY CERTIFY That I attended deceased from March 15, 1928, to April 22, 1928 that I last saw him alive on April 22, 1928, and that death occurred, on the date stated above, at 3:30 P. m.

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

72A Hemorrhage  
a granular acute angina  
absence of Platelets  
10-15 (duration) yrs. 1 mos. da.  
CONTRIBUTORY a leukemic leukemia  
(SECONDARY) (duration) yrs. 2 mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH  
2 DID AN OPERATION PRECEDE DEATH? DATE OF 3 Blood Transfusion April 15-7th-13th

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory  
(Signed) Saucon Walthall, M.D.  
4/23, 1928 (Address) 1010 Biato -

\*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 Forest Hill Cemetery DATE OF BURIAL 4/24 1928

20. UNDERTAKER Gueman Mortuary ADDRESS 2

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

K. 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.

1. 2. 3. 4.  
5. 6. 7.