JUN 4 1928

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

Do not use this space.
14564

1. PLACE OF DEATH
County: St. Francois — Registration District No.: 773 — File No.:
Township: St. Francois — Primary Registration District No.: 6018A — Registered No.: 50
City: Near Farmington (No. ..., ... St. ... Ward)

2. FULL NAME: Charles Frederick Hoffman
(a) Residence. No. State Hospital No. 4 St., ... Ward. R. R. #4-Jackson, Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Lizzie Shoults

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 26, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	47	1	6	

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

9. BIRTHPLACE (CITY OR TOWN): Cape County
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Wm. Hoffman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Perry County
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mary Kiepe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cape County
(STATE OR COUNTRY): Missouri

14. INFORMANT: Hospital Records
(Address): Farmington, Mo.

15. FILED: Apl 2, 1928 B. F. Robinson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1928, to April 1, 1928, that I last saw h. alive on April 1, 1928, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mania Exhaustion
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY)
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) P. J. Tate, M. D.
4-2, 1928 (Address) Hosp. #4 Farmington 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Old Apple orch. Cemetery Pocahontas, Mo — DATE OF BURIAL: Apl 4 1928
20. UNDERTAKER: Crawford Miller — ADDRESS: Jackson

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.