20 192

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

Do not use this space.

32851

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 86
Township: Washington — Primary Registration District No.: 5127 — File No.: 75
City: St Joseph (No. 1501 Ferndale St. Ward) — Registered No.:

2. FULL NAME: Amelia Hoffman

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
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): Aug 30 1909

7. AGE: Years 19 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Troy
(STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Edw. E. Hoffman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Doniphan Co
(STATE OR COUNTRY): Kans
12. MAIDEN NAME OF MOTHER: Cynthia Henry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Paulen
(STATE OR COUNTRY): Ill

14. INFORMANT: Edw. E. Hoffman
(Address): Ferndale addn

15. FILED: Oct 6, 1928 — Sandvoch, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 4 1928

17. I HEREBY CERTIFY That I attended deceased from ~~Sept 29~~ 28 Oct 4, 1928, to Oct 4, 1928 that I last saw her alive on Oct 3, 1928, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post diphtheritic paralysis
10
(duration) yrs. mos. 2 wks ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Kansas City Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) A. E. Cornbendt, M. D
Oct 5, 1928 (Address) Troy Kans

*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: Troy Kans — DATE OF BURIAL: 10/6 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.