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

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.

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

Do not use this space.

36994

Copy 3891

1. PLACE OF DEATH
County: Jackson — Registration District No.: 1002 — File No.: 4615
Township: Lee — Primary Registration District No.: — Registered No.:
City: Kansas City (No. E. Evangelical Hospt. St. Ward)

2. FULL NAME: Mrs. Goldie Cleveland White Hoefer

(a) Residence. No. 3015 Paseo St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 13 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dr. Edward A. Hoefer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 6, 1884

7. AGE: Years 44 — Months — — Days 12 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Charles White
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Laura Berta Hoff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cape Girardeau
(STATE OR COUNTRY): Mo.

14. INFORMANT: Dr. Edward A. Hoefer
(Address): 3015 Paseo.

15. FILED 11/19, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1928, to Nov. 18, 1928, that I last saw h. alive on Nov. 18, 1928, and that death occurred, on the date stated above, at ... a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Pneumonia
1928
12 8
12 20
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Intestinal Ulcer Perforation
Phlebitis (duration) yrs. 1 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 3015 Paseo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF:
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Irrigation Diagnosis
(Signed) H. E. Bond, M. D.
Nov 19, 1928 (Address) In Bed.

*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: Greenville Mo.
DATE OF BURIAL: Nov 19 1928

20. UNDERTAKER: A. N. Newcomer's Sons
ADDRESS: K C Mo.

St. Elmo Sanders
Tarkiop Bldg