

JAN 23 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40390

1. PLACE OF DEATH

County NewburgRegistration District No. 378

Township

Primary Registration District No. 4222City Fayette

(No. _____)

File No. _____

Registered No. 80

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

St. _____

Ward. _____

(If nonresident give city or town and State)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

Edney P. Alverson
Washington

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

June 11 - 1840

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

8860

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Penn

10. NAME OF FATHER

Christian Hofstetter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn

12. MAIDEN NAME OF MOTHER

Elizabeth Strauss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Mrs. William Hofstetter
Fayette

15.

FILED

12-20-1928V. Q. Bonham

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

12-12-1928

17.

I HEREBY CERTIFY, That I attended deceased from 6:11 27 1928, to Dec-11, 1928, that I last saw her alive on Dec-11, 1928, and that death occurred, on the date stated above, at 3 p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia11A106D

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. C. Richards, M.D.

, 19

(Address)

Fayette 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

DATE OF BURIAL

Washington Cemetery12-12-1928

20. UNDERTAKER

ADDRESS

Guy J. HalleyFayette Mo

A. 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.

