

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

Do not use this space.

12060

PLACE OF DEATH

County St. Francois

Registration District No. 773

File No.

Township St. Francois

Primary Registration District No. 6018A

Registered No. 44

City near Farmington, Mo. (No. St. Ward)

2. FULL NAME James Otis Hoff

(a) Residence. No. St. Ward. Asots mo
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12, 1885

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>43</u>	<u>5</u>	<u>22</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Sullivan, Mo.
(STATE OR COUNTRY) Mo

10. NAME OF FATHER William Hoff

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

12. MAIDEN NAME OF MOTHER Anna Currington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Uninown
(STATE OR COUNTRY) mo

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

15. FILED 3-5-29 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) mch 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929, to mch 3, 1929, that I last saw him alive on mch 3, 1929, and that death occurred, on the date stated above, at 353 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Polar Pneumonia 108
101 W (duration) yrs. mos. da. 15 2

CONTRIBUTORY Chronic Alcoholism
(SECONDARY) (duration) yrs. mos. da.

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? Cholesterol
(Signed) P. J. Fair, M. D.
, 19 (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 R. of P. Cemetery St. Francois Mo. DATE OF BURIAL 3-5-1929

20. UNDERTAKER A. W. Hood ADDRESS Flat River Mo

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.

MAY 2 1929
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1
2
2

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

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F. 11111