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

Do not use this space.

26793

1. PLACE OF DEATH

County: Vernon
Township: 11
City: Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. .....
Registered No. 177

2. FULL NAME Helen E. Hoffman

(a) Residence. No. St Hosp #3 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. 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)
F	W	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 8 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	4	13	

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) Jacksonville
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER W J Stevenson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? DK
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER ? DK
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? DK
(STATE OR COUNTRY) DK

14. INFORMANT State Hospital Record
(Address) Nevada Mo.

15. FILED 8-6-1929 E.R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to July 21, 1929, that I last saw her alive on July 21, 1929, and that death occurred, on the date stated above, at 11:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
2 3 8
8 5
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Epilepsy
(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? Physical Findings
(Signed) F L Martin, M. D
7/22, 1929 (Address) Nevada 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
Kansas City Mo	7/23 1929

20. UNDERTAKER	ADDRESS
Terry Funeral Home	Nevada

WHITE 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.

29 1929