

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

Do not use this space.

48
25 1929

28046

PLACE OF DEATH
County Jackson
Township Prairie
City (No.)

Registration District No. 400
Primary Registration District No. 555 P D

File No.
Registered No. 106
St. Ward

2. FULL NAME Joseph Hoffman
(a) Residence No. 16 Home St. Ward
(Usual place of abode) (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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 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) 6-9-1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 28
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 - 1929
17. I HEREBY CERTIFY That I attended deceased from Jan 1, 1927, to Aug 7, 1929 that I last saw him alive on Aug 7, 1929 and that death occurred, on the date stated above, at 6:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute gastro enteritis
12613
1144B
CONTRIBUTORY (SECONDARY) yrs. mos. 4 ds.
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

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? pleurisy
(Signed) J. W. Hostetter, M. D.
1929 (Address) Redford Ave. No

14. INFORMANT J. W. Hostetter
(Address)
15. 9 1929
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Western Dental Bldg. DATE OF BURIAL Aug 9 1929
20. UNDERTAKER ADDRESS

PHYSICIANS SHOULD STATE EXACTLY. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

237
10
31

