

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

Do not use this space.

397

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township 11 Primary Registration District No. 2009
 City 11 (No. 11) St. Wentz Ward

File No.

Registered No. 280

2. FULL NAME

Joseph F Hoefler
 (a) Residence No. 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. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1930

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

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 4 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1865

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>2</u>	<u>27</u>	<u>Heart Leron</u>

Heart Leron
95E

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

CONTRIBUTORY (SECONDARY) 90W
 (duration) yrs. mos. ds.
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Scott Co Mo
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Andrew Hoefler

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

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

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Chas B Jager M.D.
 19..... (Address) Corning

12. MAIDEN NAME OF MOTHER Mary P. Johnson

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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scott Co Mo
 (STATE OR COUNTRY)

14. INFORMANT Louise Hoefler
 (Address) Cape Girardeau

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hamburg Cemetery DATE OF BURIAL Jan 8 1930

15. FILED 1/6 1930 we Kumpfer REGISTRAR

20. UNDERTAKER Larney F & N Co ADDRESS Cape Gir, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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