

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

Do not use this space.

5684

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.

1. PLACE OF DEATH

County Manassas Registration District No. 547
 Township Manassas Primary Registration District No. 3029
 City Hannibal (No. 2217 Chestnut St. 6 Ward)

File No. _____
 Registered No. 31
 St. _____ Ward _____

2. FULL NAME

Fredrick Hofmeister
 (a) Residence. No. 2217 Chestnut St., 6 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Hofmeister</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 1-1840</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>6</u>
	DAYS <u>8</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer)... <u>Butcher</u> (c) Name of employer... " "		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
PARENTS	10. NAME OF FATHER <u>Don't know</u>	
	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) " "	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1930
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1930 to Feb. 9 1930
 that I last saw him alive on Feb. 8 7: a 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atherosclerosis
 (duration) 5 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) None
 (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? Clinical
 (Signed) E. R. Motley, M. D.
210 - 1930 (Address) Hannibal - 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
Mt. Olivet Cemetery 2/11 - 1930
 20. UNDERTAKER ADDRESS
Schwartz Funeral Home Hannibal Mo.

14. INFORMANT Mrs. P. Sawyer
 (Address) Hannibal Mo.
 15. FILED 2/12 30 C. E. Clausen
 REGISTRAR

