

APR 23 1930

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

8029

## 1. PLACE OF DEATH

County Cedar  
 Township Edwards Springs  
 City Edwards Springs (No. 4095)

Registration District No. 163  
 Primary Registration District No. 4095

File No. 18  
 Registered No. 18  
 St. 18 Ward 18

## 2. FULL NAME

(a) Residence. No. Lillie May Hoffmann Ward. 18  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Geo. W. Hoffmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-14-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
57 0 4

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER Louis Fannerback

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

12. MAIDEN NAME OF MOTHER Laura Large

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

14. INFORMANT Mrs Rosa Martin  
 (Address) Edwards Springs Mo

15. FILED 3-19-1930 J. Dawson REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar.-18 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Mar 18, 1930 that I last saw her alive on Mar 18, 1930, and that death occurred, on the date stated above, at 6 30 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial degeneration

CONTRIBUTORY (SECONDARY) Arteriosclerosis and Hypertension (duration) 3 yrs. 0 mos. 0 da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DATE OF OPERATION PRECEDE DEATH 1930 DATE OF 1930

WAS THERE AN AUTOPSY No

WHAT TEST CONFIRMED DIAGNOSIS Hallertus

(Signed) Hallertus, M. D.

9/9, 1930 (Address) Edwards Springs 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 Harwood Mo DATE OF BURIAL 3/20 1930

20. UNDERTAKER Swine-Siders, Edwards Springs Mo ADDRESS

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.

