

201938

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

Do not use this space.

21939

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. State Hosp # 2) St. _____ Ward _____

2. FULL NAME Minnie Hoffman
 (a) Residence. No. _____ St. _____ Ward Chillicothe Mo.
 (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. 9 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earl W. Hoffman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
50 3 4

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

9. BIRTHPLACE (CITY OR TOWN) Madison (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Robt. Evans

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

12. MAIDEN NAME OF MOTHER Mar. E. Cook

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

14. INFORMANT Mrs. Frank Ashby
 Address 217 E. Jackson, Chillicothe, Mo.

15. FILED 5 19 1938
John G. [Signature] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2nd 1938

17. HEREBY CERTIFY, That I attended deceased from June 18th 1938, to July 2nd 1938, that I last saw her alive on July 2nd 1938, and that death occurred, on the date stated above, at 5:35 - p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Edema
83
38 (duration) yrs. _____ mos. _____ ds.
111 1/2 Malaria
 CONTRIBUTORY (SECONDARY) (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
5 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Chillicothe
 (Signed) C. D. [Signature] M. D.
 , 19 State Hosp. No 2

*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 Chillicothe Mo. DATE OF BURIAL July 10 - 1938

20. UNDERTAKER Jan D Gordon ADDRESS Chillicothe Mo.

dated by check marks, lacking from the death certificate:

Name: Minnie Hoffmann

Who died at: St. Joseph, Mo. on July 2, 1935

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Pulmonary Edema

General Paralysis of the Insane

Contributory: Malaria

Where was disease contracted? _____

76

X

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