WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1470

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No. 302
Township Kaw — Primary Registration District No. — Registered No.
City K.C. Mo. (No. Trinity Luthern Hospital St. Ward)

2. FULL NAME Herman H. Hooss
(a) Residence. No. 1030 Washington St., 1 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

3. SEX M.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ~~Married~~ Singled
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Minnie Hooss~~
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10-1863
7. AGE Years 67 Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor work
(b) General nature of industry, business, or establishment in which employed (or employer) Apartment 2
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Cremen
(STATE OR COUNTRY) Germany
PARENTS
10. NAME OF FATHER Herman H. Hooss
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Minnie Schultze
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
14. INFORMANT Miss Minnie Hooss
(Address) 1030 Washington
15. Jan 31, 1931 M. M. Crowe Registrar Assn

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-20- 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Jan. 20, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above, at 3:32 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcic angina with Vincents angina
(duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY) acute nephritis
(duration) yrs. mos. 4 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1030 Washington St.
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 1-16-31.
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Otto Kar Hofmann, M.D.
1-21, 1931 (Address) 806 Rialto Bldg

*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 Lincoln Nebraska — DATE OF BURIAL Jan 23 1931
20. UNDERTAKER Mrs. C. L. Foster — ADDRESS K.C. Mo.

Ottokar Hoffman
Rialto - Vi-2966
Lin-Tracy - Va-3870

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