

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

Do not use this space.

25460

1. PLACE OF DEATH

County Johnson

Township Angel Hill

City Simpson

Registration District No. 438

Primary Registration District No. 8-5-93

File No.

Registered No. 4

St.

Ward)

2. FULL NAME

(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.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 1.0 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Johnson Co.

MOTHER FATHER

13. NAME

Mat. Mrs. Clarence Hoffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Saysville CO. MO

15. MAIDEN NAME

Lucile Matthews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Johnson Co. Mo

17. INFORMANT

(ADDRESS)

Clarence Hoffman
Warrensburg Mo. 8

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER

(ADDRESS)

20. FILED

8/9

1931

Miss A. Storck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 24th 1931

22. I HEREBY CERTIFY That I attended deceased from

July 24th 1931 to Aug 2nd 1931

I last saw him alive on July 24th 1931. Death is said

to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Immaturity of birth

159

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

O. B. Hall

, M. D.

(Address)

Warrensburg, Mo.

WRITE PLAIN! 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.

AUG 26 1931

