

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

Do not use this space.

28634

1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3091

File No.
Registered No. 78 Ward)

2. FULL NAME

Miss Agnes Hoefler
(a) Residence, No. 401 N. Webb 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22, 1875</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>6</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from 3-37, 1931, to 8-24, 1931

I last saw her alive on 8-24, 1931. Death is said to have occurred on the date stated above, at 401 N. Webb in.

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

Carcinoma of Pancreas
General Carcinoma of Abdomen
Hypertension
33E

Other contributory causes of importance:
Explosive Vap

Date of case: Aug 24, 1931

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	13. NAME <u>John F. Hoefler</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	15. MAIDEN NAME <u>Lucinda Anderson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	17. INFORMANT (ADDRESS) <u>J. F. Hoefler Webb City, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Webb City</u> DATE <u>Aug 26, 1931</u>	
19. UNDERTAKER (ADDRESS) <u>Steele Road Co. Webb City, Mo</u>	
20. FILED <u>8/27</u> 19 <u>31</u> <u>R. M. Stormont</u> Registrar.	

Name of operation Explosive Vap. Date of 31 31

What test confirmed diagnosis? 34 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
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? no
If so, specify.....
(Signed) R. A. Dumbauld, M. D.
(Address) 8-24-31

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.

SEP 22 1931

