

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.

OCT 24 1931

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

Do not use this space.

32038

1. PLACE OF DEATH

County Wagoner Registration District No. 651
Township Little Prairie Primary Registration District No. 5862
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 117

2. FULL NAME

Arthur Edward Hoff
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-15-29</u>				
7. AGE	YEARS <u>12</u>	MONTHS <u>11</u>	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>			
				11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagoner</u>				
FATHER	13. NAME <u>John Hoff</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagoner</u>			
MOTHER	15. MAIDEN NAME <u>Cladis Handley</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagoner</u>			
17. INFORMANT (ADDRESS) <u>John Handley, Caretaker, Curuthersville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Curuthersville</u> DATE <u>Sept. 2, 1931</u>				
19. UNDERTAKER (ADDRESS) <u>H. S. Smith, Curuthersville, Mo.</u>				
20. FILED <u>Sept. 7, 1931</u> <u>Ada M. Carter</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-31

22. I HEREBY CERTIFY, That I attended deceased from 9-24-31, to 9-1-31. I last saw him alive on Aug. 24, 1931. Death is said to have occurred on the date stated above, at 2 P. m.. The principal cause of death and related causes of importance were as follows:

Colitis

1175 / 119

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 _____ 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? _____

If so, specify _____

(Signed) Thomas J. Pullman, M. D.
(Address) Curuthersville, Mo.

