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.

FEB 22 1932

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

Do not use this space.

1. PLACE OF DEATH

36

County Franklin — Registration District No. 297 — File No. 4278

Township St. Johns — Primary Registration District No. 3414 — Registered No. 10

City ~~Washington, Mo.~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Emma Stoff

(a) Residence, No. Washington, R.F.D. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	0	15	

OCCUPATION

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

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) Washington, Mo.

FATHER

13. NAME Reese

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

MOTHER

15. MAIDEN NAME Ehlers

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

17. INFORMANT (ADDRESS) Mrs. Orlando Diener, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters. DATE Feb. 5, 1932

19. UNDERTAKER (ADDRESS) Nieburg & Vitt, Inc., Washington, Mo.

20. FILED Feb 4 1932 G. L. Munch, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1931, to Feb. 3, 1932

I last saw her alive on Feb. 2, 1932 Death is said to have occurred on the date stated above, at 3:10 A.M

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

	Date of onset
Apoplexy Oct 23	1931
82A	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? No 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) J. D. Manfers, M. D.

(Address) Washington Mo.