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

Do not use this space.

4508

File No.

Registered No.

1. PLACE OF DEATH

48 County Jackson — Registration District No. 395

Township Sanabar — Primary Registration District No. 5551A

City Blue Springs (No. ..... St. ..... Ward)

2. FULL NAME Albert Hoehn (Hoehn)

(a) Residence. No. ..... Blue Springs Mo. St. ..... Ward. (If nonresident, give city or town and State)
(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.

MAR 23 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	W	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	10	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ret Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER N. Hoehn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER Wittmar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Edward Hoehn
(Address) Grain Valley Mo

15. FILED 3/12 1932 F.W. Tuttle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1932

17. I HEREBY CERTIFY, That I attended deceased from May 1931, to Feby 21 1932 that I last saw him alive on Feby 21, 1932, and that death occurred, on the date stated above, at 1-45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bowel (Ceacum)
46C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46C

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 31 -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopic of cells

(Signed) Wm B. Johnston, M. D.

, 19 (Address) Grain Valley Mo

*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	DATE OF BURIAL
Blue Springs	2-24 1932

20. UNDERTAKER	ADDRESS
G B Webb	Blue Springs Mo

V. No. 2.

MARGIN RESERVED FOR BINDING

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.