

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

Do not use this space.

7614

1. PLACE OF DEATH

16 County Cape Girardeau
Township Byrd
City Jackson

Registration District No. 124
Primary Registration District No. 5179

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Henry Hoffmeister
(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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 27 1878</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>11</u>	DAYS <u>5</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>Stock Buyer</u>	11. Total time (years) spent in this occupation <u>132</u>
	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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Mo. 10</u>		
FATHER	13. NAME <u>Phillip Hoffmeister</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany, 10</u>	
MOTHER	15. MAIDEN NAME <u>Rosa Beckert</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Minnie Rodenhiser</u> (ADDRESS) <u>Jackson Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Mar 28 1932</u>		
19. UNDERTAKER <u>Wm. Conbo Funeral Home Co.</u> (ADDRESS) <u>Jackson Mo.</u>		
20. FILED <u>303</u> 19 <u>32</u> <u>D. G. Seebur</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 23 1931 to March 7 1932
I last saw him alive on March 1 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Mouth Date of onset Jan. 1931
W.C. 45

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. W. L. Seeburgh M. D.
(Address) Jackson Mo.

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.

APR 25 1932

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PHOTO
SUBJECT

11/11/54
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