

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

Do not use this space.

11915

**1. PLACE OF DEATH**

County Pedlar Registration District No. 165  
Township \_\_\_\_\_ Primary Registration District No. 4097  
City Stockton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 54

**2. FULL NAME**

Mary Elizabeth Hoff  
(a) Residence, No. \_\_\_\_\_ 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William D. Hoff</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 5, 1841</u>				
7. AGE	YEARS <u>90</u>	MONTHS <u>4</u>	DAY <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>Georgtown, Ohio</u> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <u>Isaac Lewis</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Lidia Lemmer</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)			
14. INFORMANT <u>Carroll Hoff</u> (Address) <u>5226 Willshire St. Louis Mo</u>				
15. FILED <u>May, 1932</u> <u>E. S. Smith</u> <u>Mary Bayless</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to April 22, 1932 that I last saw h. &c. alive on April 22, 1932; and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho pneumonia  
1070  
16 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Senility  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_ (1)

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Physical  
(Signed) H. A. Russell, M. D.

\*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  
Stockton Cemetery DATE OF BURIAL Apr. 24 1932

20. UNDERTAKER  
W. C. Davis & Co. ADDRESS Stockton

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.

MAY 23 1932

