

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.

OGI 25 1932

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

Do not use this space.

28822

1. PLACE OF DEATH

26 County Cole Registration District No. 214
Township Moreau Primary Registration District No. 5204
City (No.) St. Ward)

File No.
Registered No. 18 St. Ward)

2. FULL NAME

Andrew Hoffmocker
(a) Residence, No. Russellville Mo 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Hoffmocker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25, 1864</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>6</u>	DAYS <u>22</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug. 1931</u> Total time (years) spent in this occupation	
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spate Ind.</u>	
	13. NAME <u>Mike Hoffmocker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Miss Latimer</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. John Dechosh</u> (ADDRESS) <u>Lawman Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>uth. Cem.</u> DATE <u>Sept 19 1932</u>		
19. UNDERTAKER <u>Hugo Schubert</u> (ADDRESS) <u>Russellville, Mo.</u>		
20. FILED <u>Sept 19 1932</u> <u>Mrs. H. L. Embel</u> <u>Russellville Mo</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1932

2. I HEREBY CERTIFY that I attended deceased from Sept 17, 1932 to Sept 17, 1932
I last saw him alive on Sept 17, 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Date of onset Sept 17 1932

Other contributory causes of importance: 93A
93B
93C
93D

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) W. S. Leslie M. D.
(Address) Russellville Mo

