

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

Do not use this space.

**34919**

**1. PLACE OF DEATH**

12 County Butler  
Township Ash Hill  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 90  
Primary Registration District No. 3734C

File No. \_\_\_\_\_  
Registered No. 25 Ward \_\_\_\_\_

**2. FULL NAME**

Mary Norma Lee Hoffman  
(a) Residence, No. Poplar Bluff Route # 4 St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State) \_\_\_\_\_  
Length of residence in city or town where death occurred 1 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Butler Co. Missouri

MOTHER 13. NAME John Hoffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co. Missouri

15. MAIDEN NAME Estia Sinks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill Wayne Co. Mo.

17. INFORMANT George Sinks  
(ADDRESS) Route # 4 Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maible Hill DATE Nov. 16, 1932

19. UNDERTAKER Green Undertaking Co.  
(ADDRESS) Poplar Bluff, Mo.

20. FILED Nov. 16, 1932 Nora J. Smith  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from about Oct 20, 1932 to Oct 20, 1932  
I last saw her alive on about Oct 20, 1932 Death is said to have occurred on the date stated above, at 8 A. m.

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

don't know  
more probably to describe  
developing after I saw  
her  
200B

Other contributory causes of importance: 200B

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) Walter P. Bove, M. D.  
(Address) Poplar Bluff, Mo.

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.

7 1933

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Horizontal line of text, possibly a title or subtitle.

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