

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

Do not use this space.

9844

1. PLACE OF DEATH

County Jackson Registration District No. 899
 Township Kaw Primary Registration District No. 1002
 City K.C. Mo. (No. Research Hospital St. _____ Ward _____)

File No. _____
 Registered No. 1448

2. FULL NAME

Florentine J. Hoffmann
 (a) Residence, No. Hotel LaCerne 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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hoffmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 66

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst, Manager
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Weighing & Inspection Bureau
 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) Indiana

FATHER
 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Dr. R. Lee Hoffmann
 (ADDRESS) 640 W 56th St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Moriah Cem DATE Mar. 29-33

19. UNDERTAKER R. V. Lindsey & Sons, Inc.
 (ADDRESS) K.C. Mo.

20. FILED Mar 28 1933 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932, to March 27, 1933
 I last saw him alive on March 27, 1933 Death is said to have occurred on the date stated above, at 8:45 PM
 The principal cause of death and related causes of importance were as follows:

Pericarditis with effusion
908
91
 Other contributory causes of importance:
Arteriosclerosis
 Date of onset 3/24
4 years.

Name of operation no Date of _____
 What test confirmed diagnosis? diag. physical Was there an autopsy? no

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) Robert Davis, M. D.
 (Address) 1024 professional Bldg.

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.

