

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

Do not use this space.

35663

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbian Primary Registration District No. 3006
 City Columbia (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 216

2. FULL NAME

Ida Wallingford Hoffman
 (a) Residence, No. 116 Colley 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. F. Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) St. Joseph, Mo.

13. NAME Wm. P. Wallingford

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

15. MAIDEN NAME Mary H. Knox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County, Missouri

17. INFORMANT (ADDRESS) B. F. Hoffman, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo. Cem. DATE 11-6 19 33

19. UNDERTAKER (ADDRESS) Wm. F. Co. Thos. McHenry, Columbia, Mo.

20. FILED 11/6/1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933 to Nov 5, 1933
 I last saw him alive on Nov 5, 1933 Death is said to have occurred on the date stated above, at 11 P. m.

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

Cancer
Originating
at breast
50

Other contributory causes of importance:

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 Yes

(Signed) Dr. J. S. [Signature], M. D.

(Address) Columbia, 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.

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NOV 19 1944

DEC 19 1941