

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

Do not use this space.

2

**FEB 27 1934**

**1. PLACE OF DEATH**

County Ladwin  
Township Miner  
City Ladwin (No.     )

Registration District No. 2  
Primary Registration District No. 5002

File No.       
Registered No. 2  
St.      Ward     

**2. FULL NAME**

Letha Hoffner

(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 F 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 Henry Hoffner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 2               

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.  
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) mo

13. NAME David & Campbell

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

15. MAIDEN NAME Mary Matthews

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

17. INFORMANT (ADDRESS) Henry Hoffner  
10 Waverley mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherwell Cemetery DATE Jan 28 1934

19. UNDERTAKER (ADDRESS) Lewislyn & Son  
Waverley mo

20. FILED 2/27 19.3.4 J.S. Garbules  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1933 to Jan 27 1934

I last saw her alive on Jan 27 1934 Death is said to have occurred on the date stated above, at 7 P m.

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

Encephalitis (Date of onset) Jan 15 1934

Other contributory causes of importance:  
Influenza Dec 30 1934

Name of operation none 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) H. P. Garrison, M. D.

(Address) Waverley mo

Exact statement of OCCUPATION is very important.

The following is a list of the serials which have been examined, extracted, and indexed by the Serials Section of the Library of Congress during the year 1954. The list is arranged in alphabetical order of the author's name, and includes the title, the author's name, the publisher, the place of publication, the date of publication, and the number of volumes and issues.

1. *Journal of the American Medical Association*, Chicago, Ill., 1954, 10 vols., 10 issues.

2. *Journal of the American Veterinary Medical Association*, Washington, D. C., 1954, 10 vols., 10 issues.

3. *Journal of the American Psychological Association*, Washington, D. C., 1954, 10 vols., 10 issues.

4. *Journal of the American Chemical Society*, Washington, D. C., 1954, 10 vols., 10 issues.

5. *Journal of the American Physical Society*, Washington, D. C., 1954, 10 vols., 10 issues.

6. *Journal of the American Mathematical Society*, Washington, D. C., 1954, 10 vols., 10 issues.

7. *Journal of the American Philosophical Society*, Philadelphia, Pa., 1954, 10 vols., 10 issues.

8. *Journal of the American Historical Association*, Washington, D. C., 1954, 10 vols., 10 issues.

9. *Journal of the American Library Association*, Chicago, Ill., 1954, 10 vols., 10 issues.

10. *Journal of the American Society of Library Science*, Chicago, Ill., 1954, 10 vols., 10 issues.

11. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

12. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

13. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

14. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

15. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

16. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

17. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

18. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

19. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

20. *Journal of the American Society of Musicology*, Chicago, Ill., 1954, 10 vols., 10 issues.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Adair  
Township Genevieve  
City Genevieve (No. \_\_\_\_\_)

Registration District No. 2  
Primary Registration District No. 5002

File No. 2  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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. (If nonresident, give city or town and State)

Letha Hoffman

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
--------	-------	--------	------	--

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED \_\_\_\_\_ 19\_\_\_\_ J. S. Goshweiler Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the day stated above, at \_\_\_\_\_ m.

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

Encephalitis  
Acute Hemorrhagic

Other contributory causes of importance

Date of onset

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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

**SUPPLEMENTARY**

**78**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-2