

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

Do not use this space.

734

1. PLACE OF DEATH

County Franklin Registration District No. 797
Township Washington Primary Registration District No. 3016
City Washington (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME Gearoldine Gertrude Hoeman

(a) Residence, No. 620 W. Second St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 OR (OR) WIFE OF G. Harold Hoeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>30</u>	<u>3</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housework</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation.	

12. BIRTHPLACE (CITY OR TOWN) Bloomfield (STATE OR COUNTRY) Missouri

13. NAME Franz Weber

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

15. MAIDEN NAME Grace Norman

16. BIRTHPLACE (CITY OR TOWN) Marble Hill (STATE OR COUNTRY) Missouri

17. INFORMANT Harold Hoeman (ADDRESS) 620 W. 2nd St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE 1/10, 1934

19. UNDERTAKER Otto & Co., (ADDRESS) Washington, Mo.

20. FILED Jan 8 - 1934 A. D. May Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Jan 6, 1934

I last saw her alive on Jan 6, 1934. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Tubercular Peritonitis & Septicemia, following meningitis (Duration of 6-8 weeks)

Other contributory causes of importance:

1450
1450
1450

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 _____, 1934

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) J. J. Cook, M. D.

(Address) Washington, 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.

AM 27 1934

