

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. _____)

85

Registration District No. _____
Primary Registration District No. 1001

File No. 7915
Registered No. 321
St. _____ Ward _____

2. FULL NAME

John Hoffman

(a) Residence, No. 317 Texas Avenue St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barbara Hoffman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May. 18, 1860.</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>10</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Gardner</u>
	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) <u>1935</u>
	11. Total time (years) spent in this occupation <u>15 Yrs</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria, Hungary

13. NAME Nicholas Hoffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria, Hungary

15. MAIDEN NAME Unknown

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

17. INFORMANT Barbara Hoffman
(ADDRESS) 317 Texas Avenue

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph, MO. DATE March 20, 1934

19. UNDERTAKER H. O. Sidenfaden Funeral Home
(ADDRESS) 1802 Union Street St. Joseph, MO.

20. FILED 3-19-34 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th, 1934

22. I HEREBY CERTIFY, that I attended deceased from Feb 14, 1934 to March 15, 1934
I last saw him alive on March 15, 1934. Death is said to have occurred on the date stated above, at 10/05 p m
The principal cause of death and related causes of importance were as follows:

Mitral Insuff.
74A
050
97
Other contributory causes of importance:
deh. of heart
arterioscl. gen
hypertens
Name of operation none Date of _____
What test confirmed diagnosis? ECG 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) Frank N. DeGau M. D.
(Address) Kirkpatrick Bldg

