

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.

JUL 12 1934

Cover

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No. Poplar Bluff Hospital)

Registration District No. 87
Primary Registration District No. 3007

File No. 19647
Registered No. 135
St. _____ Ward)

2. FULL NAME Sidney Harvey Hoffman

(a) Residence, No. N.W. of Hendrickson, Mo. Ward. 4 mi. North West of Hendrickson, Mo.
(Usual place of abode) (If non-resident, give city & town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 12, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 2 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Butler County Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Silas Hoffman

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

MOTHER 15. MAIDEN NAME Seppathy Westmoland

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

17. INFORMANT Drucilla Hoffman
(ADDRESS) Hendrickson, Mo. General Del

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Zion cemetery DATE July 1, 1934

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 7-3- 1934 W. S. Bailey
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:

Basic fracture of skull -
250
210
210k
6-30-34
Other contributory causes of importance
Fall from moving truck onto concrete highway
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide ACCIDENT Date of Injury 6-30-34
Where did injury occur? Poplar Bluff - Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway
Manner of injury Fall on concrete highway
Nature of injury Blow on skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Richard Reynolds DR. KROWER
(Address) Poplar Bluff, Mo.
4200

