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

Do not use this space.
20505

File No.
Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 311 North Elmwood St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Joseph Hofele
(a) Residence, No. 311 North Elmwood 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.

JUL 17 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Hofele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hide Inspector
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) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. F. A. Hentschel
(ADDRESS) 311 N. Elmwood, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem DATE June 15-34, 19

19. UNDERTAKER C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 6-16, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to June 14, 1934
I last saw h[illegible] alive on June 14, 19..... Death is said to have occurred on the date stated above, at 4 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Slow bronchopneumonia & hemorrhage.	2 weeks ago.
8 2 4	
9 1	

Other contributory causes of importance: Arteria Sclerosis.

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? No
If so, specify
(Signed) E. A. Zeilinger, M. D.
(Address) 86-81 Argyle Bldg.

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.

Dr. E. H. Zielmayer