

SEP 21 1934

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

Do not use this space.

2

## 1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 5554  
City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 1820 Overton 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)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Soloman Riddler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1954

7. AGE YEARS 80 MONTHS 11 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
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) Tamiami Co Texas

13. NAME John Hoff

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

15. MAIDEN NAME Jennie Hickman

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

17. INFORMANT Sarah Rodwin Elliott  
(ADDRESS) 1820 Overton

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem. DATE 9-1-34

19. UNDERTAKER Mo. F. Porter & Sons  
(ADDRESS) K. C. Kansas

20. FILED Sept 1, 1934 J. L. Cook  
Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30<sup>th</sup>, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20<sup>th</sup>, 1934 to Aug 30<sup>th</sup>, 1934

I last saw him alive on Aug 30<sup>th</sup>, 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Cerebral Apoplexy Date of onset \_\_\_\_\_

Arterio-sclerosis

Other contributory causes of importance: \_\_\_\_\_

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? ✓ 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 no

(Signed) J. L. Cook, M. D.

(Address) Independence 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.

