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.

SEP 6 1934

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

Do not use this space.

File No. 29710

Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 408

Township: — Primary Registration District No.: 3020

City: Carthage - Ward 3 — St. — Ward)

2. FULL NAME: Wm. Henry Hoofnagle

(a) Residence, No. — St., — Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Jane Hoofnagle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	77	10	19	

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) (STATE OR COUNTRY): Clearfield, Pennsylvania

FATHER

13. NAME: Israel Hoofnagle

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

MOTHER

15. MAIDEN NAME: Matilda Keller

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

17. INFORMANT: Mrs. N. H. Hoofnagle
(ADDRESS) Route 3 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Center Elm DATE: Aug 31 1934

19. UNDERTAKER: Fred Mosbury
(ADDRESS) Carthage, Mo.

20. FILED: Aug 31 1934 S. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Aug 28, 1934

I last saw him alive on Aug 1, 1934. Death is said to have occurred on the date stated above, at ...m.

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

	Date of onset
Chronic myocardial insufficiency	
Mitral regurgitation	

Other contributory causes of importance:

Arteriosclerosis

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?

If so, specify

(Signed) Floyd B. Clinton, M. D.

(Address) Carthage - Mo.