

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 7 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29796

File No. _____
Registered No. 79 _____
St. _____ Ward) _____

1. PLACE OF DEATH

County Gasper Registration District No. 417
Township _____ Primary Registration District No. 3021
City Webb City (No. _____)

2. FULL NAME

(a) Residence, No. 713 N. 12th 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12, 1853</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>1</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
13. NAME <u>H. O. Hoffman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Louise Howard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Mrs. Ollie Stalter</u> (ADDRESS) <u>Webb City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Webb City</u> DATE <u>8-17</u> 19 <u>34</u>		
19. UNDERTAKER <u>Carter Funeral Home</u> (ADDRESS) <u>Webb City, Mo.</u>		
20. FILED <u>8-17</u> 19 <u>34</u> <u>J. L. Craig</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1934 to 8-15 1934
I last saw him alive on 8-1 1934 Death is said to have occurred on the date stated above, at 2:30 P. M.
The principal cause of death and related causes of importance were, as follows:
Cerebral Hemorrhage
Other contributory causes of importance: Arterio 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? _____
If so, specify St. Louis
(Signed) W. H. City, M. D.
(Address) Webb City, Mo.

