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.

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

OCT 17 1934

Do not use this space.

1. PLACE OF DEATH

79 County Perry — Registration District No. 440 — File No. 33665

Township Bob Ruhle — Primary Registration District No. 5878 — Registered No. 55

City ------- (No. ..... St. ..... Ward)

2. FULL NAME Martin Oliver Hoffman

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

Length of residence in city or town where death occurred -- yrs. -- mos. 3 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	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15, 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	----	-----	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer ------

9. BIRTHPLACE (CITY OR TOWN) Perry Co.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Ray Hoffman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Braddock, Pa.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Laura Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rock Island Ill.
(STATE OR COUNTRY)

14. INFORMANT Ray Hoffman
(Address) Claryville, Mo.

15. FILED Sept 18, 1934 Ed L Brewer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1934

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1934, 1934, to 5:00 am Sep 18, 1934 that I last saw him alive on Sep 18, 34 5:00 am 1934, and that death occurred, on the date stated above, at 5:00 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Debility 158

Three days (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None 158

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Louis J Smith, M. D

, 19 (Address) Chester, Ill.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Amsler Farm	Sept. 18 1934
20. UNDERTAKER	ADDRESS
Ray Hoffman	

LOUIS J. SMITH, M. D.
201 E. Taylor Street
CHESTER, ILLINOIS

Dec. 11, '34.

Ed. L. Brewer—

Dear sir:-

There was not any congenital debility when born, and neither was there any tuberculosis, and not premature.

The debility of the child began ~~after~~ when born- where it was born— it was cold, raining, and no clothes, nor any one that had any knowledge of caring for a new born child. I told them how to treat the child. but older people are hard to learn.

Yours very truly,

Louis J. Smith, M.D.

1934
S-33465