

NOV 13 1934

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

Do not use this space.

37998

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City

(No. 4214-)

Hartford

File No.

10487

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No. 4214- Hartford St. 16 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Lena B. Imhoff

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

Aug 27-1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

2

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Salesman

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)

Kansas

13. NAME

Hy Imhoff

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

Windsor

15. MAIDEN NAME

Unknown

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

Windsor

17. INFORMANT (ADDRESS)

Lena B Imhoff 4214- Hartford

18. BURIAL, CREMATION, OR REMOVAL PLACE

Missouri Cemetery

DATE

Nov 2, 1934

19. UNDERTAKER (ADDRESS)

Wackgro, Welderle 2331 Broadway

20. FILED

OCT 31 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 29 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 28 1934 to Oct 29 1934

I last saw him alive on Oct 29 1934 Death is said

to have occurred on the date stated above, at 12:20 pm.

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

Cor. Myocarditis
Chronic nephritis

Date of onset

Other contributory causes of importance:

Ch. Bronchial Asthma

Name of operation

Date of

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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)

A. F. Blas

, M. D.

(Address)

Calden Bluff

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.

