

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

Do not use this space.

8543

APR 7 6 1935

1. PLACE OF DEATH

County Cooper

Registration District No. 218

Township Boonville

Primary Registration District No. 2018

City Boonville (No. _____)

St. _____ Ward _____

2. FULL NAME

(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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30-1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
			<u>1</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

FATHER 13. NAME Albert Hoff

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Mo

MOTHER 15. MAIDEN NAME Mary Schuster

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

17. INFORMANT (ADDRESS) Albert Hoff Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem DATE March 31, 1935

19. UNDERTAKER (ADDRESS) Goodman & Bolle Boonville Mo

20. FILED Mar 31 1935 W. H. Boyworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1935

22. I HEREBY CERTIFY, That I attended deceased from 3:30 A.M. - 3/30, 1935, to 8:00 A.M. - 3/31, 1935

I last saw him alive on 3/30 - 6 A.M., 1935 Death is said to have occurred on the date stated above, at 8:50 A.M.

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

Potent Sarcenae Ovale (Asphyxia cordis)

10/7/35

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clin 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 _____, 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? no

If so, specify _____ (Signed) W. H. Boyworth, M. D.

(Address) Boonville Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

