

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

Do not use this space.

15934

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township Jefferson Primary Registration District No. 3014
 City Jefferson St. _____ Ward _____

2. FULL NAME

Elga Bessie J. Hoffman
 (a) Residence, No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLES, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1899

7. AGE YEARS 35 MONTHS 7 DAYS 18 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Duke, Mo.

FATHER 13. NAME Alfred Bookshie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Mo.

MOTHER 15. MAIDEN NAME Rebecca Decker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Mo.

17. INFORMANT (ADDRESS) Mrs. C. E. Snyder
Edgar Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bayland, Mo. May 9, 1935

19. UNDERTAKER (ADDRESS) Harry R. Miller
Atolia, Mo.

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1935, to May 7, 1935

I last saw her alive on May 7, 1935. Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Acute Nephritis Date of onset April 9, 1935

Other contributory causes of importance: Secondary anemia

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory Was there an autopsy? no

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) Walter M. Cottonham, D.O., M.D.
 (Address) Scott, Mo., Ripley, Missouri

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.

DR. WARREN M. COTTINGHAM

SCOTT BUILDING
ROLLA, MISSOURI

July 13, 1935

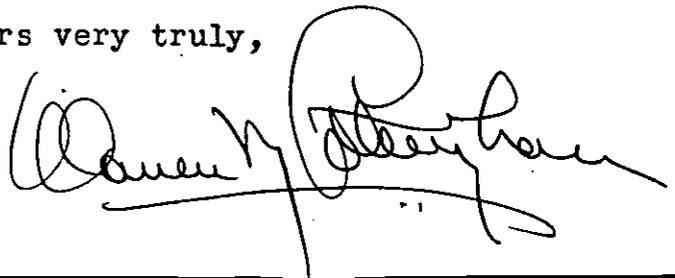
Dr. E.T. McGaugh,
State Registrar,
Jefferson City, Missouri.

Dear Sir:

Am enclosing supplementary Death Certificate of Elza Bessie J. Hoffman with information as requested. There was also a slip enclosed in your letter asking for the cause of the Acute Nephritis. This is unknown in this case as there are so many etiological factors that can be contributing without the patient's awareness and the first indication be the Acute Nephritis. I had not attended the deceased prior to this last illness and knew nothing of her habits so I cannot be more definite than to say that it was contracted without any unusual circumstance preceding.

Trusting that this information is complete as requested,
I am,

Yours very truly,

A handwritten signature in cursive script, appearing to read "Warren M. Cottingham", written over a horizontal line.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson City (No. _____)

Registration District No. 213
Primary Registration District No. 3914

File No. _____
Registered No. 239
St. _____ (Ward) _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode) _____

Edgar Bessie J. Hoffmann
Suburb Blue St. Ward _____

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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Div</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19, 1899</u>			
7. AGE	YEARS <u>35</u>	MONTHS <u>7</u>	DAYS <u>18</u>
	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Maids</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.
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Duke Mo</u>		
	13. NAME <u>Alfred Brookshire</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps Mo</u>		
MOTHER	15. MAIDEN NAME <u>Rebecca Decker</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps Mo</u>		
17. INFORMANT <u>Mrs C. E. Spradger</u> (ADDRESS) <u>Edgar Springs</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deulah Mo</u> DATE <u>May 9</u> 19 <u>35</u>			
19. UNDERTAKER <u>Harry B. McClure</u> (ADDRESS) <u>Ball</u>			
20. FILED <u>7/28/1935</u> <u>Dr Bedford M. D.</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1935, to May 7, 1935
I last saw her alive on May 7, 1935 Death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:
Acute Nephritis
Bright's Disease, Chr
Date of onset _____

Other contributory causes of importance:
Secondary Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? No

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) Dr. W. M. Cottingham, M. D.
(Address) Ball Mo