

AUG 15 1935

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

Do not use this space.

25998

1. PLACE OF DEATH

County Cooper
Township Pilot Grove
City Pilot Grove (No. 5303)

Registration District No. 222
Primary Registration District No. 4135

File No. 13
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs Anna Helen Thiel Hoff

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

Length of residence in city or town where death occurred 70 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-27-1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>8</u>	<u>6</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Missouri

13. NAME Peter Thiel

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

15. MAIDEN NAME Katharina Betgen

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

17. INFORMANT Mrs. Frank Neckman (ADDRESS) Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL Wartsville Mo DATE Aug 5 1935

19. UNDERTAKER Hay & Steve Klein (ADDRESS) Pilot Grove, Mo

20. FILED Aug 5 1935 Mrs. E. B. McAtchison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1935, to Aug 3 1935

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

Embolism
Varicose Veins
Other contributory causes of importance: _____

Name of operation none 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? no
If so, specify _____

(Signed) Dr R. L. Anderson, M. D.
(Address) Boonville Mo.
Corona Cooper

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.

