

APR 23 1936

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

Do not use this space.

10665

1. PLACE OF DEATH

County Jackson
Township.....
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Mary's Hospital)

File No.....
Registered No. 1333
St. Ward)

2. FULL NAME Charles Frederick Hoffman

(a) Residence, No. 3143 Genesee St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 58 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) Feb. 5, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger
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) Leavenworth
(STATE OR COUNTRY) Kansas

13. NAME Fred J. Hoffman

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

15. MAIDEN NAME Margaret Hechtman

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

17. INFORMANT Mr. J. B. Hoffman
(ADDRESS) 3321 Bellfontaine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Mar. 12, 1936

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED Mar 12 1936 M. M. Groves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 19 36

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1936, to 3-10, 1936

I last saw him alive on 3-10, 1936. Death is said to have occurred on the date stated above, at 2 p.m.

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

Heart Block

Date of onset 1-1-36

Other contributory causes of importance:

Edema of legs + abdomen 2-10-36

Name of operation none Date of
What test confirmed diagnosis? Pulse 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? No.
If so, specify

(Signed) P. M. Nunn, M. D.

(Address) 5th St SW Bldg

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.

