

MAY 20 1936

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

Do not use this space.

14740

1. PLACE OF DEATH

County..... Franklin Registration District No. 297
Township..... Primary Registration District No. 3016
City..... Washington (No., St., Ward)

File No.

Registered No. 322. FULL NAME Virginia May Hoemann, MD

(a) Residence, No. 525 W. 3rd St., Washington, Mo. 3rd Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 X				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30th, 1928.				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	7	3	7	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X			
	10. Date deceased last worked at this occupation (month and year) X			
				11. Total time (years) spent in this occupation X
12. BIRTHPLACE (CITY OR TOWN) <u>Washington, Mo.</u> (STATE OR COUNTRY) <u>Missouri.</u>				
FATHER	13. NAME Alfred E. Hoemann.			
	14. BIRTHPLACE (CITY OR TOWN) <u>Lafe</u> (STATE OR COUNTRY) <u>Arkansas.</u>			
MOTHER	15. MAIDEN NAME Ina Walker			
	16. BIRTHPLACE (CITY OR TOWN) <u>Vienna</u> (STATE OR COUNTRY) <u>Missouri.</u>			
17. INFORMANT <u>Alfred E. Hoemann.</u> (ADDRESS) <u>Washington, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington, Mo.</u> DATE <u>Apr. 9, 1936.</u>				
19. UNDERTAKER <u>Nieburg & Vitt, Inc.</u> (ADDRESS) <u>Washington, Mo.</u>				
20. FILED <u>Apr. 8 - 1936</u> <u>H. A. Way</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 193622. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1936 to April 7, 1936I last saw her alive on April 7, 1936 Death is saidto have occurred on the date stated above, at 5:20 A.M.

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

Solar Pneumonia
Right

Date of onset

4-1-36

Other contributory causes of importance:

Defecation3-31-36Name of operation None Date of ✓What test confirmed diagnosis Animal Was there an autopsy? No23. 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) R. R. Culler, M. D.(Address) Washington, Mo.

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

