

DEC 3 1936

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

Do not use this space.

38099

1. PLACE OF DEATH

County Jefferson Registration District No. 420
Township Jefferson Primary Registration District No. 3022
City Desoto, Mo. (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 57 yrs. mos. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 10

OCCUPATION 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER FATHER 13. NAME August Hienze14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown

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

17. INFORMANT Ben Hoffmann (ADDRESS) Desoto, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto DATE Nov 2 193619. UNDERTAKER Harriet Mah (ADDRESS) Desoto, Mo.20. FILED Oct. 31 1936 May Tundegast (Address) Desoto, Mo.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 193622. I HEREBY CERTIFY, That I attended deceased from October 1st, 1936 to October 31, 1936I last saw him alive on October 30, 1936. Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Bronchial pneumoniaDate of onset Oct 10/36
Valid 36Other contributory causes of importance: SenilityName of operation None Date ofWhat test confirmed diagnosis? Chemical 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

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 Esim J., M. D.(Address) Desoto, 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.

