

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

Do not use this space.

**JUN 12 1937**

**19010**

**1. PLACE OF DEATH**

County Jackson  
Township Lew  
City Kansas City (No. 2635)

Registration District No. 299  
Primary Registration District No. Jackson

File No. 2635  
Registered No. 2635  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2635 Jackson St., \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Osie Hoffman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23-1881</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>9</u>
	DAYS <u>21</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>Electrician</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Charles Hoffman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Edgerton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Inda</u>	
17. INFORMANT (NAME AND ADDRESS) <u>Mrs. Osie Hoffman 2635 Jackson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE AND DATE <u>Irish Wash May 15 1937</u>		
19. UNDERTAKER (NAME AND ADDRESS) <u>Rose + Henderson 154 Jackson</u>		
20. FILED <u>5.24 1937</u> <u>M. M. Crowe</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1937 to 5/13 1937  
I last saw h. alive on 5/12 1937. Death is said to have occurred on the date stated above, at 12:43 A.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 5/9/37  
Acute Nephritis  
82ad  
Other contributory causes of importance:  
Acute Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? h

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) Charles A. Hartney M. D.  
(Address) 230 North 1st St.

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.

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