

AUG 20 1937

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

Do not use this space.

27003

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs, Mo. (No. Veterans Administration Facility) St. 3 Ward)

File No. 98
Registered No. _____

2. FULL NAME

Michael E. HofmannDelmar Hotel,

(a) Residence, No. Veterans Administration Facility, Excelsior Springs, Mo., K.C., Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? UNK 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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-25-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook
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) unknown 11. Total time (years) spent in this occupation unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

13. NAME Peter Hofmann (deceased)

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

15. MAIDEN NAME Margaret ? (deceased)

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

17. INFORMANT Hospital records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Natl. Cemetery DATE July 30, 1937
Leavenworth, Kansas

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Mo.

20. FILED 7-31 1937 Rouma M. Cracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1936, to July 25, 1937

I last saw him alive on July 25, 1937 Death is said

to have occurred on the date stated above, at 6:18 a.m. am
The principal cause of death and related causes of importance were as follows:

Myocarditis, severe
Congestive heart failure

Date of onset

Other contributory causes of importance:

Bronchial asthma severe
Arteriosclerosis, severe
Arteriosclerotic heart disease
Cardiac hypertrophy severe

Name of operation none Date of _____

What test confirmed diagnosis? Exam. & Obs. 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? _____

If so, specify _____

(Signed) R. H. Anderson M. D.
W. C. W. RIEGEL MD, Clinical Director
(Address) VA Facility, Excelsior Springs, Mo.
(Veterans Administration)

WRITE PLAINLY WITH CAPITAL LETTERS. 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.

