

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield (No. Burge Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 37667  
Registered No. 982

2. FULL NAME William B. Hoffman

(a) Residence, No. 2153 N. Lyon St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him dead alive on Oct 11, 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1920

Death is said to have occurred on the date stated above, at 8:27 m.

7. AGE YEARS 17 MONTHS 4 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Room

Death caused by a deep gash in his head in an automobile accident while riding in automobile.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Springfield Furniture Co.

10. Date deceased last worked at this occupation (month and year) Oct. 11, 1937 11. Total time (years) spent in this occupation 8 Mos.

Other contributory causes of importance: 210m

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME Bert J. Hoffman

What test confirmed diagnosis? Accident Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland, Ohio

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 11, 1937

15. MAIDEN NAME Ella Johnson

Where did injury occur? City of Jefferson & Kearney (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co. Mo.

Specify whether injury occurred in industry, in home, or in public place. Public place

17. INFORMANT (ADDRESS) Mrs. Lowell Mc Hall  
1093 E. Central Springfield, Mo.

Manner of injury Automobile accident

18. BURIAL, CREMATION, OR REMOVAL PLACE Graveland DATE Oct. 14, 1937

Nature of injury deep gash in head by auto turning over

19. UNDERTAKER (ADDRESS) F. C. Thierman  
Springfield, Mo.

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED Oct 14 1937 Chas. A. George Registrar

If so, specify By Dr. Bachm acting coroner

(Signed) \_\_\_\_\_ (Address) Springfield, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 17 1937

