

JAN 15 1937

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

Do not use this space.

1. PLACE OF DEATH

10  
3  
8

County Boone

Registration District No. 731

Township 0

Primary Registration District No. 3006

City Columbia

(No. 0) St. Star Ward 2

File No. 44687

Registered No. 276

2. FULL NAME

Mary Melissa Hoffman

(a) Residence, No. Sturgeon St. Star

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Orb. R. Hoffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1917

7. AGE YEARS 20 MONTHS 7 DAYS 14 If LESS than 1 day, hrs. or min.

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. 23

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) WINNEB N. Dak.

13. NAME Issac Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BATAVIA OHIO

15. MAIDEN NAME Rose Anna Rickenberg

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

17. INFORMANT Orb Hoffman

18. BURIAL ~~PREPARATION OR REMOVAL~~ HINTON

PLACE Rockyfork DATE Dec 20 1937

19. UNDERTAKER R. O. Willett

(ADDRESS) Columbia, Mo

20. FILED 12/20/ 1937 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18th 1937

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

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6 P.m.

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

Being struck by Automobile, Truck, while walking on Highway 63

Other contributory causes of importance: 210

Accident Unavoidable

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

What test confirmed diagnosis as there an autopsy? Coroner's Jury

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/18, 1937

Where did injury occur? 2 mi. N. Columbia, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway 63 north

Manner of injury Struck by automobile while walking on Highway 63

Nature of injury Body crushed

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

If so, specify \_\_\_\_\_ (Signed) J. P. Tolson

(Address) 156 N 95th Columbia

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.

