

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.

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

Do not use this space.

REC'D MAR 14 1938

5454
520

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 5454
 Township Kan Primary Registration District No. 1002 Registered No. 520
 City Kansas City (No. KC Gen Hosp) St. Mo. Ward 100

2. FULL NAME Eddie Hoff
 (a) Residence, No. 111 W. 77th St Ward Jackson, County
 (Usual place of abode) (If nonresident, give city or town and State)
 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 1921

7. AGE YEARS 17 MONTHS 12 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Mo

FATHER 13. NAME Louis Hoff 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Helen Koehner 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Reuben Clark, KC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Feb. 1 1938

19. UNDERTAKER (ADDRESS) S. W. Neumann's Sons, A. C. Ho.

20. FILED 21 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1938 to Jan 30 1938
 I last saw him alive on Jan 20 1938. Death is said to have occurred on the date stated above, at 11:25 a.m.
 The principal cause of death and related causes of importance were as follows:
acute inflammation of the cecum diverticulum with intestinal obstruction Date of onset 12/23/37
 Other contributory causes of importance:
Embolic thrombosis
pneumonia
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) P. J. De Maria, M. D.
 (Address) Supt. KC Gen Hosp

1913