

REC'D JUN 10 1938

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

Do not use this space.

18989

1. PLACE OF DEATH

County New Madrid
Township Cosmo
City (No.) St. Ward)

Registration District No. 605
Primary Registration District No. H. 359

File No.
Registered No.

2. FULL NAME

Dorthe Louisa Hoffman 155

(a) Residence, No. 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. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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) 6-14-39

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
11 13

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

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) Country Mo.

13. NAME Dorthe Louisa Hoffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo

15. MAIDEN NAME Miss Mrs. Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo

17. INFORMANT Cid Hoffman (ADDRESS) Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor Cemetery 6-28

19. UNDERTAKER Walthers Funeral Service (ADDRESS) Panna Mo

20. FILED 5-18 1938 W. H. Husted Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1938

22. I HEREBY CERTIFY, That I attended deceased from May 22 1938 to May 22 1938

I last saw h. a. alive on May 22 1938 Death is said

to have occurred on the date stated above, at 3:20 P

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

Diabetes Date of onset May 16

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no.

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) W. M. Crawford M. D.

(Address) Panna

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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.

