

REC'D JUL 19 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County *Cape Girardeau*  
Township *Cape*  
City *Cape A.* (No. *125*)

Registration District No. *125*  
Primary Registration District No. *3009*

File No. *21511*  
Registered No. *174*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

*Lena Hoffmeister* 152  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 *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) *Nov 4 - 1899*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*38 7 19*

OCCUPATION  
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. *16*  
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) *Gardenville, Mo.*

FATHER  
13. NAME *Herman Hoffmeister*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Mo*

MOTHER  
15. MAIDEN NAME *Mary Voges*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Mo.*

17. INFORMANT (ADDRESS) *Herman Hoffmeister Gardenville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ever cemetery* DATE *June 25 1938*

19. UNDERTAKER (ADDRESS) *McCoy & Sons Co. Jackson Mo*

20. FILED *6-27-38* 19 *38* *g.m.* Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6 - 22 - 1938*

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

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

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

*see the jury duly sworn by E.P. Strickley Coroner of Cape County after hearing the evidence given in this case and the jury find that the deceased took her own*

Other contributory causes of importance:  
*life by jumping in the Mississippi River just South of the Lewis and Clark in Cape Girardeau Mo.*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *June 24* Date of injury *33*, 19 *38*

Where did injury occur? *Mississippi River* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *in Mississippi River Cape Girardeau Mo*

Manner of injury *16*  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) *E.P. Strickley Coroner M.D.*

(Address) *4. S. Pacific St. Cape Girardeau Mo.*

WRITE PLAINLY, WITH UNFADING INK---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.

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