

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

Do not use this space.

REC'D JUL 22 1938

1. PLACE OF DEATH

County Moniteau
 Township Burr's Fork
 City Russellville (No. _____)

Registration District No. 214
 Primary Registration District No. 5774B

File No. 22467
 Registered No. 6
 St. _____ Ward _____

2. FULL NAME Anna Marie Hoffmann

(a) Residence, No. Russellville, Mo. 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

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. 0---
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** 0

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

13. NAME George Hoffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Mo.

15. MAIDEN NAME Ester Jungmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Mo.

17. INFORMANT George Hoffman
 (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Russellville, LaM Sam 4/20/38

19. UNDERTAKER Hugo H. Schubert
 (ADDRESS) _____

20. FILED June 20 1938 Mrs. M. M. M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1938, to _____, 19____.

I first 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:

Asphyxia neonatorum (Stillbirth)

Date of onset

Other contributory causes of importance:
Placental umbilical cord

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify _____
 (Signed) Robt. E. Murrell, M.D.

(Address) Russellville, Mo.

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.

