

REC'D OCT. 20 1938

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

Do not use this space.

**1. PLACE OF DEATH**County FranklinTownship PrairieCity LonedellRegistration District No. 294Primary Registration District No. 5418File No. 32173

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** August William Hoffman

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS****MEDICAL CERTIFICATE OF DEATH**

3. SEX

Male

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 OFAmelia Barbara Hoffman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

76929

OCCUPATION

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

Farmer

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)

St. Louis County, MO.

FATHER

13. NAME

Not Known

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

MOTHER

15. MAIDEN NAME

Not Known

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

17. INFORMANT (ADDRESS)

Oscar Hoffman  
Et Lonedell, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview Cemetery DATE Sept. 29, 1938

19. UNDERTAKER (ADDRESS)

William Casey & Co. 267  
St. Clair, Mo.

20. FILED

Oct 1, 1938 W. J. Duckworth  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1938

I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1938, to Sep 26, 1938I last saw him alive on Sept 26, 1938 Death is saidto have occurred on the date stated above, at 10:30 a.m.

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

<u>Coroner's Report of 1937</u>	Date of onset
<u>Prostate</u>	

Other contributory causes of importance: 51

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

What test confirmed diagnosis? Clin Date of \_\_\_\_\_ 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 W. J. Duckworth, M. D.(Signed) Dr. W. J. Duckworth(Address) Dr. W. J. Duckworth

CRUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

