DEC 5 1938

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

39083
Do not use this space.

1. PLACE OF DEATH
(a) County FRANKLIN 2 Registration District No. 295
(b) Township 1 Primary Registration District No. 4179 Registered No.
(c) City SULLIVAN (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 100 MARIA JANE HOFF
(a) Residence, No. SULLIVAN, MISSOURI St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

36
6
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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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 OF Firmin D. Hoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28, 1861

7. AGE: YEARS 77 | MONTHS | DAYS 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Washington County Missouri

FATHER
13. NAME Isaac Harvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee. 1

MOTHER
15. MAIDEN NAME Martha E. Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 1

17. INFORMANT (ADDRESS) Firmin D. Hoff Sullivan, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Sullivan DATE Nov. 18 1938

19. FUNERAL DIRECTOR (ADDRESS) Thos. P. Shaffer Sullivan, Mo.

20. FILED 11/16 1938 Edgar W. Laffoon Local Registrar. 258

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from MAR. 18, 1935 to Nov. 16, 1938
I last saw her alive on November 15, 1938 Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
Valvular heart lesion
Senility 92 u
Date of onset

Other contributory causes of importance:

Name of operation None 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? No
If so, specify
(Signed) R. C. Kitchell M. D.
(Address) Sullivan, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, Edgar W. Laffoon, Licensed Embalmer No. 3394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3394 or by, Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)