

REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Barton

Registration District No.

39

File No.

5804

Township

Primary Registration District No.

4023

Registered No.

City

Holden City

(No.

St.

Ward)

2. FULL NAME

George K. Hoffmeister

(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

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 OF

Christine C. Hoffmeister

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

Feb. 24 - 1851

7. AGE

YEARS

87

MONTHS

11

DAYS

10

IF LESS than 1 day, hrs. or min.

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)

Alton, Ill.

13. NAME

J. F. Hoffmeister

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

unknown

15. MAIDEN NAME

Tecla Walters

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

Germany

17. INFORMANT (ADDRESS)

J. F. Hoffmeister
Holden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Carmel

DATE

Feb. 6

1939

19. UNDERTAKER (ADDRESS)

E. A. Phillips
Holden City, Mo.

20. FILED

Feb. 5 1939 Mrs. Margaret Seay, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 4 1939

22. I HEREBY CERTIFY, That, I attended deceased from
Aug 20 1938 to Feb 4 1939

I last saw him alive on Feb 3 1939. Death is said

to have occurred on the date stated above, at Holden, Mo.

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

Chronic Intertitial Nephritis

Date of onset

Perhaps
4 or 5
years
ago

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)

J. M. Brooks, M. D.

(Address)

Holden City, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-507

Date Filed MAR 7 1939