D APR 15 1930

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

Do not use this space.

File No. 9942

Registered No.

1. PLACE OF DEATH
County BARTON
Township
City GOLDEN CITY (No. 510, St. Ward)

Registration District No. 39
Primary Registration District No. 4023

2. FULL NAME DORA ELIZABETH IMHOFF

(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: 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 William Imhoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 - 1862

7. AGE: Years 76 | Months 10 | Days 12 | If LESS than 1 day, hrs. or min.

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.
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) Stacktown Cedar Co. Mo.

FATHER
13. NAME Wm A. McMinn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Mary E. Gash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Wm Imhoff Golden City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkin Cem. Jasper Co. DATE Mar. 12, 1939

19. UNDERTAKER E. A. Phillips (ADDRESS) Golden City, Mo.

20. FILED Apr 1st 1939 Mrs. Margaret Grace Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Mar. 9, 1939

I last saw h. alive on Mar. 7, 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1 |
| Other contributory causes of importance: | |
| Chronic Interstitial Nephritis | 1 |

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? 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) Wm J. McGee, M. D.
(Address) Golden City, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 6,
District File Number 6-39-701
Date Filed APR 4 1939