MARGIN RESERVED FOR BINDING

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

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.

V. S. 10. 2
50M-10-22-36
I X9314

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

REC'D OCT 20 1939

Do not use this space.

32511

1. PLACE OF DEATH
County Holt
Township Nodaway
City Oregon (No. ..... St. ..... Ward)
Registration District No. 375
Primary Registration District No. 5523
File No. 6
Registered No. .....

2. FULL NAME Mrs. Alice May Hoffmann
(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 David Edward Hoffmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-20-1888

7. AGE: YEARS 51 MONTHS 7 DAYS 6 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) Wathena Kansas

FATHER
13. NAME Zephniah Hays
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown New Hampshire

MOTHER
15. MAIDEN NAME Addie N. Little
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kansas

17. INFORMANT (ADDRESS) Adele Hoffman Oregon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Grove DATE Sept-28-1939

19. UNDERTAKER (ADDRESS) J. Fred Terhune Savannah Mo

20. FILED Sept. 27, 1939 Edith L. Lenk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Self inflicted	
Gunshot	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9-26, 1939
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 Gunshot
Nature of injury Gunshot in breast

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) David C. Perry Coroner M. D.
(Address) Mound City Mo

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by _____

or by _____, Registered Apprentice No. _____

(Signed) J. Fred Terhune

Licensed Embalmer No. 1279

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

RECEIVED
District Health Officer No. 11
District File Number 1039-1342
Date Filed OCT 17 1939