

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.

FEB 14 1941

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

Do not use this space.

2313

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. 2  
Township Jefferson Primary Registration District No. 3014 Registered No. 32  
City Jefferson (No. St. Mary Hospital) St. 1 Ward 1

2. FULL NAME

(a) Residence, No. 1 St. 1 Ward 1  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1941 Jan 22 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Data 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) New Bloomfield Mo.

13. NAME Silbert Hoffman

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

15. MAIDEN NAME Sladys Trippense

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

17. INFORMANT Father (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bloomfield Mo. DATE 2-2-1941

19. UNDERTAKER James E. Hoffmann (ADDRESS)

20. FILED 2-2-1941 New Bloomfield Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1941 to Feb 2, 1941.  
Next saw him alive on Feb 2, 1941. Death is said to have occurred on the date stated above, at 1:10 P. m.

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

Inhydremia of marasmus 154  
Date of onset

Other contributory causes of importance:  
Premature (7 1/2 hrs) Central Anoxia

Name of operation — Date of —  
What test confirmed diagnosis? — 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 —

(Signed) Dean A. Taylor M. D.  
(Address) Jefferson City Mo.

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE CENSUS  
MAY 10 1954

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2313

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 213

Primary Registration District No. 3014

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole Jefferson  
(b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME

Eduard Allen Hoffman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 2/2/41 (Date received local registrar) (b) D. A. Beesford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway  
(c) City or town New Bloomfield  
(If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 2 year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury  
23. Signature Leon H Taylor (M. D. or other)  
Address Jefferson City Date signed

SUPPLEMENTARY

