

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.

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

Do not use this space.

9583

APR 30 1930

1. PLACE OF DEATH

County Moniteau
Township Linn
City (No.)

Registration District No. 574
Primary Registration District No. 5772a

File No.
Registered No. St. Ward

2. FULL NAME

Michael Imhoff

(a) Residence. No. St. Ward.
(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 <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Imhoff</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 29 - 1830</u>					
7. AGE YEARS <u>98</u>		MONTHS <u>5</u>		DAYS <u>2</u>	
If LESS than 1 day,hrs. ormin.					
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Germany

PARENTS	10. NAME OF FATHER <u>George Imhoff</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT J. A. Imhoff
(Address) Haminstown Mo

15. FILED 3/10 1930 H. Meyers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 1 1930
17. I HEREBY CERTIFY, That I attended deceased from 2 15 1930 to 3 - 1 1930 that I last saw him alive on 2 - 28 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chc Valvular Disease
7 Heart
920
167 (duration) unknown yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Severe debility
Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 900 Mo
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY no
WHICH TEST CONFIRMED DIAGNOSIS
(Signed) J. A. Imhoff M. D.
2 - 1 1930 (Address) Prague Home Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cedron Catholic Cem. DATE OF BURIAL 3 - 4 1930
20. UNDERTAKER C. Albert Hornbeck Prague Home Mo ADDRESS

