

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

Do not use this space.

MAR 1 6 1935

6122

**1. PLACE OF DEATH**

County Moniteau  
Township Linn  
City..... (No.....) St..... Ward.....

Registration District No. 574  
Primary Registration District No. 5772A

File No. 1936  
Registered No.....

**2. FULL NAME**

Michael Joseph 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 OR (OR) WIFE <u>Christine Imhoff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6 - 1859</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>5</u>
		<u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation.....
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).....		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 19 1935

22. I HEREBY CERTIFY That I attended deceased from 12-1 1934 to 2-19 1935

I last saw him alive on 2-1 1935 Death is said to have occurred on the date stated above, at 10.9 a.m.

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

myocarditis

Date of onset February

Other contributory causes of importance:

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?.....  
If so, specify.....  
(Signed) D. A. Munday M. D.  
(Address) Prarie Home, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
13. NAME <u>Anton Imhoff</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
15. MAIDEN NAME <u>Mathew Par</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT (ADDRESS) <u>J. J. Imhoff</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedron Cem</u> DATE <u>21 35</u>
19. UNDERTAKER (ADDRESS) <u>C. Albert Horst</u> <u>Prarie Home</u>
20. FILED <u>3/1</u> 19 <u>35</u> <u>Ellis C. Rait</u> Registrar

N. B.—Every item of information should be carefully supplied. A.C.S. 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.

