MARGIN RESERVED FOR BINDING

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

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 275

Registered No. 7

1. PLACE OF DEATH

State ARIZONA

County Mohave

Township Kingman

City Kingman

or Village

No. Mohave Gen Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

How long in State where death occurred? 40 yrs. mos. ds.

2. FULL NAME Albert William Hoffman

(a) Residence: No. Oatman, Ariz. St., Ward.

(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Cauc.

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 15 1870

7. AGE: Years 68 | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Jan 24, 1939

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or Country) Varna Ill.

FATHER

13. NAME William Hoffman

14. BIRTHPLACE (city or town) (State or Country) Germany

MOTHER

15. MAIDEN NAME Augusta Jerbeth

16. BIRTHPLACE (city or town) (State or Country) Germany

17. INFORMANT (Address) Helen McGovern

18. BURIAL, CREMATION, OR REMOVAL

Place Kingman, Ariz. Date Feb. 12 1939

19. EMBALMER License No. 139 Signature [illegible]

FUNERAL DIRECTOR Van Marter Mortuary 644

Address Kingman, Ariz.

20. Filed 2/8, 1939 Lillian M. Nettle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/7/, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/31/, 1939, to 2/7/, 1939

I last saw him alive on 2/7/, 1939; death is said to have occurred on the date stated above, at 7:00 P.M.

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

Carcinoma prostate — Date of Onset 7

Other contributory causes of importance:

Silicosis. — 7

Abcess Rt. Middle lobe lung — 1/31/39

Arteriosclerosis. — 7

Name of operation Date of

What test confirmed diagnosis? Rout. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO. 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) A. C. Dick, M. D.

(Address) Kingman, Ariz.

Back of Certificate to be used for any Additional Information

5M—7/6/38— Form 3 100% Rag