AUG 16 1927

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

Do not use this space.

21117

1. PLACE OF DEATH
County Gasconade
Township Bush creek
City ..... (No. ..... St. ..... Ward)

Registration District No. 305
Primary Registration District No. 5423

File No. .....
Registered No. 16

2. FULL NAME William August Kohrman

(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: Boy
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-14-27

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or 5 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work — —
(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) Oak Hill Mo.

PARENTS
10. NAME OF FATHER John Erwin Kohrman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Oak Hill Mo.
12. MAIDEN NAME OF MOTHER Lillie Theresa Ringerson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Oak Hill Mo.

14. INFORMANT John Erwin Kohrman
(Address) Oak Hill Mo.

15. FILED 7-20, 1927. J. J. Ferrell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-14- 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-14, 1927, to 7-14, 1927, that I last saw him alive on 7-14, 1927, and that death occurred, on the date stated above, at 9:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Lesion
1570

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 159B

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr Cedar Mellis, M. D
7-14, 1927 (Address) Owensville 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: Home cemetery
DATE OF BURIAL: 7-18 1927

20. UNDERTAKER: W.P. Gottenstroeter
ADDRESS: Owensville Mo

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.