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

Do not use this space.

22098

AUG 18 1927

1. PLACE OF DEATH
County Oregon — Registration District No. 636 — File No.
Township Alton Pinly — Primary Registration District No. 5844 — Registered No. 17
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Minnie Koelling
(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. 7 ds. How long in U.S., if of foreign birth? ..... yrs. 1 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 22 1927
7. AGE: YEARS — MONTHS: 1 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(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): Fulton Co Ark.

PARENTS
10. NAME OF FATHER: T. E. Koelling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Howell Co
12. MAIDEN NAME OF MOTHER: Maulie E. Kenslow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Howell Co Mo

14. INFORMANT: J. A. Kenslow
(Address): Alton Mo
15. FILED 8/10, 1927. Enoch Bailey, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-28-1927
17. I HEREBY CERTIFY, That I attended deceased from July 28, 1927, to July 28, 1927, that I last saw her alive on July 28, 1927, and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Marasmus
1155 16 — 160 (duration) ..... yrs. 1 mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [signature], M. D
8/10, 1927 (Address) Alton 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: State Line Cemetery — DATE OF BURIAL: 7/29 1927
20. UNDERTAKER: J. A. Kenslow act. — ADDRESS: [illegible]

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.