

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

Do not use this space.

27364

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No.
 Township Primary Registration District No. 1002 Registered No.
 City M.E. (No. 2407) MERCIER St. Ward

2. FULL NAME

Barbara Koller
 (a) Residence. No. 2407 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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Koller</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8-17-1866</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>1</u>	DAYS <u>4</u>
If LESS than 1 day, <u>.....</u> hrs. or <u>.....</u> min.		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Stephen Maria
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Frank Koller
 (Address) 2407 Mercier

15. FILED 9/22, 1927 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1927
 17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1927, to Sept 21, 1927, that I last saw her alive on Sept 15, 1927, and that death occurred, on the date stated above, at 9:15 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute exhaustion
191 1924
 (duration) yrs. mos. ds. 5
 CONTRIBUTORY (SECONDARY) not strong since recovered from diabetes 2 years ago!
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH no. DATE OF
 WAS THERE AN AUTOPSY no
 WHAT TEST CONFIRMED DIAGNOSIS Symptoms - Glucose not weather at Bergs
 (Signed) L. J. Pan, M. D.
9-22, 1927 (Address)

*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 Not so many DATE OF BURIAL Sept 21
 20. UNDERTAKER John A. Muesel ADDRESS 1415 E 15

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.

