

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

Do not use this space.

30015

May

**1. PLACE OF DEATH**

County Franklin

Registration District No. 277

Township .....

Primary Registration District No. 216

City Washington (No. ....)

File No. ....

Registered No. 70

St. .... Ward)

**2. FULL NAME**

Marie Gita Kahmann

(a) Residence, No. 208 Lafayette St. St. .... Ward. ....

Length of residence in city or town where death occurred 9 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. 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**

Single

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 9 - 1915

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, .... hrs. or .... min.
	<u>12</u>	<u>-</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN) .....** Rolla, Mo.  
(STATE OR COUNTRY)

**10. NAME OF FATHER** Anthony Costurame

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....** Not known  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Not known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....** Not known  
(STATE OR COUNTRY)

**14. INFORMANT** Paul Kahmann  
(Address) Washington Mo.

**15. FILED** Oct 20 19 27 P. L. Emmons  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct. 18 - 1927

**17. I HEREBY CERTIFY, That I attended deceased from** Oct. 7 - 1927, to Oct. 18 - 1927  
that I last saw him alive on Oct. 18 - 1927, and that death occurred, on the date stated above, at 11:30 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Suppurative appendicitis  
15/18  
12/17/18  
(duration) .... yrs. .... mos. 4 ds.  
**CONTRIBUTORY (SECONDARY)** Acute peritonitis  
(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.

**1** DID AN OPERATION PRECEDE DEATH. Yes DATE OF Oct 17 - 1927

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. St. Amant, M. D.  
(Signed) .....

Oct. 20, 1927 (Address) Washington, 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** Catholic Cemetery **DATE OF BURIAL** Oct. 21, 1927

**20. UNDERTAKER** Otto P. Co. **ADDRESS** Washington, 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

