

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10039
 32

1. PLACE OF DEATH

County Perry Registration District No. 659
 Township Angue Homme Primary Registration District No. 5876
 City (No.) St. Ward

2. FULL NAME

Birdie Agnes Kahmka

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Kahmka
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 5 10

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

9. BIRTHPLACE (CITY OR TOWN) Perry Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Christ Biskmejer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co Mo
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Christine Banderhut
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co Mo
 (STATE OR COUNTRY)

14. INFORMANT Christ Biskmejer
 (Address) Perryville Mo R#1

15. FILED Apr 4 28 Merton Mochel
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1928 to Mar 21, 1928
 that I last saw h. 24 alive on Mar 20, 1928 and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
La Grippe
 (duration) yrs. mos. 14 da.
 (duration) yrs. mos. 20 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 1460

18 DID AN OPERATION PRECEDE DEATH. DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) L. L. Felts M. D.
 (Address) Perryville 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 SX Mammelen Biche Mo **DATE OF BURIAL** Mar 24 28

20. UNDERTAKER Zochner & Young **ADDRESS** Perryville Mo

