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

Do not use this space.

13320

File No. 1650

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kan City (No. 2941 - Forest St. Ward)

2. FULL NAME Florence Koch

(a) Residence. No. 2941 - Forest 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	White.	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stanley Koch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 24-1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	29	7	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home.
(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) Okla.

PARENTS

10. NAME OF FATHER Fay Todd

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Texas

12. MAIDEN NAME OF MOTHER Lana Mitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Okla

14. INFORMANT Stanley Koch
(Address) 2941 - Forest Av.

15. FILED 4-12-, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 9 1928, to Apr 11 1928, that I last saw her alive on Apr 8 1928, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Anaemia 2ndary
1 Day
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Miscarriage
(duration) yrs. mos. ds.

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

D DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & History
(Signed) H. A. Gastring, M. D
Apr 11, 1928 (Address) 803 Merchants Bldg

*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 Coffeyville. Kan — DATE OF BURIAL 4/12/28

20. UNDERTAKER H. C. Bergman — ADDRESS City.

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.

PHYSICIANS FAILING TO GIVE THIS INFORMATION IN DETAIL ARE PENALIZED BY LAW. THIS IS A PERMANENT RECORD