

G 24 1928

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

Do not use this space.

File No. 24382  
Registered No. 77-  
St. \_\_\_\_\_ (Ward)

1. PLACE OF DEATH

County Burlington  
Township Rich Hill  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 508  
Primary Registration District No. 5085

2. FULL NAME

Josephine J. Koehly  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Wd. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
16      6      21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... School girl  
(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) Burlington Mo.

PARENTS

10. NAME OF FATHER August Koehly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Burlington Mo.

12. MAIDEN NAME OF MOTHER Mary Muck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Philadelphia Pa.

14. INFORMANT August Koehly (Address) Chillicothe Mo.

15. FILED 7-23, 1928 Reuben Bony REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended/departed from \_\_\_\_\_ Died not, 19\_\_\_\_, to Atlanta, Georgia, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 7:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Drowning, Accidental  
183

CONTRIBUTORY (SECONDARY) 182

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. Collier Coroner, M. D.

July 22, 1928 (Address) Chillicothe 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 Cem DATE OF BURIAL July 24, 1928

20. UNDERTAKER Jas D Gordon ADDRESS Chillicothe 7740

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

