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.

31492

1. PLACE OF DEATH

County: Ste Genevieve — Registration District No. 780 — File No.

Township: Ste Genevieve — Primary Registration District No. 6025 — Registered No. 34

City: Zell (No. ..... St. ..... Ward)

2. FULL NAME Peter Koller

(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 2 yrs. 6 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)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7-1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	8	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Carpenter

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ste Genevieve (STATE OR COUNTRY) County Mo

PARENTS

10. NAME OF FATHER Joseph Koller

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

12. MAIDEN NAME OF MOTHER Atline Tegg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Offenburg (STATE OR COUNTRY) Ste Genevieve County

14. INFORMANT Fred Harter (Address) Zell Mo

15. FILED Sept 22 1928 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 15th May 1928 to Sept 15th 1928 that I last saw h. alive on Sept 15th 1928 and that death occurred, on the date stated above, at 6 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tuberculosis of the Lungs

23H (duration) yrs. 5 mos. ds.

110B CONTRIBUTORY (SECONDARY) Pleurisy (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? Clinical

(Signed) W. D. Sampler, M. D

9/22 1928 (Address) Ste Genevieve 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	DATE OF BURIAL
St Joseph Cemetery Zell	Sept 23 1928

20. UNDERTAKER	ADDRESS
John Basler Ste Genevieve Mo	