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

Do not use this space.

9932

1. PLACE OF DEATH
County Charlton
Township Tuplett
City ..... (No. ..... St. ..... Ward)
Registration District No. 177
Primary Registration District No. 5245
File No. 18
Registered No. 18

2. FULL NAME Kathrine M Koch
(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. ds. How long in U.S., if of foreign birth? 60 yrs. Est mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W L Koch Sr
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1847
7. AGE Years 81 Months Days 10 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(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) Germany
PARENTS
10. NAME OF FATHER Strecker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) unknown
14. INFORMANT Chas F Koch
(Address) Tuplett Mo
15. FILED 3/10, 1929 R P Price REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to March 9, 1929, that I last saw her alive on March 9, 1929, and that death occurred, on the date stated above, at 12 30 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Disease of Heart
92A
90A
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R P Price, M. D
, 19 (Address) Tuplett 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 McCullough Cemetery
DATE OF BURIAL 3/11 1929
20. UNDERTAKER W C Crotts
ADDRESS Tuplett 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.

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