

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

Do not use this space.

**23 1929**

**1. PLACE OF DEATH**

County Dickinson  
Township St. Joseph  
City St. Joseph (No. 170 North Ward)

Registration District No. 1001  
Primary Registration District No. \_\_\_\_\_

File No. 20722  
Registered No. 720  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David B. Koger

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Pattonburg Mo  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Minnie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. _____ min.
	<u>76</u>	<u>5</u>	<u>5</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Pattonburg, Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Elijah Koger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Davis Co. Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Gromer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Davis Co. Mo  
(STATE OR COUNTRY)

14. INFORMANT J. S. Gromer  
Pattonburg, Mo

15. FILED 1929  
John Galt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 19 29

17. I HEREBY CERTIFY That I attended deceased from April 7 19 29 June 6 19 29 that I last saw h. me alive on June 6 19 29, and that death occurred, on the date stated above, at 6:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Heart Myocarditis  
with Coronary sclerosis.  
with Hypertrophied Prostate  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
OR AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/24/29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Charles Gromer, M. D.  
6/7, 19 29 (Address) St Joseph, 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 Pattonburg Mo DATE OF BURIAL June 7 19 29

20. UNDERTAKER Heeman Funeral Home ADDRESS 1208 Francis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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