

WAR 1930

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

Do not use this space.

2402

1. PLACE OF DEATH

County St. Charles
Township Wentzville
City Wentzville (No.)

Registration District No. 768
Primary Registration District No. 5-999

File No.
Registered No. 185
St. Ward)

2. FULL NAME

Henry Rudon Koch

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Gilmer
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Casper Koch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Germany

14. INFORMANT Josephine Koch
(Address) Wentzville

15. FILED 1/3 1930 Dr. J. M. Jenkins
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1929 to Jan 7, 1930 that I last saw him alive on Jan 7 4:30 PM and that death occurred, on the date stated above, at 107A 1000 Cal

THE CAUSE OF DEATH WAS AS FOLLOWS:

Bronchial Pneumonia

(duration) yrs. mos. ds. 9

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

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) J. P. Richardson, M. D.

Jan 8, 1930 (Address) Wentzville Mo
*State the DISEASE CAUSING DEATH, or in death 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

Wentzville Jan 10 1930

20. UNDERTAKER ADDRESS

F. E. Peterson Wentzville, Mo

X. 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.

