R 28 1930

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

Do not use this space.

5522

1. PLACE OF DEATH
County: Lafayette
Township: Dover
City: ~~Higginsville~~ (No. ..., ... St. ..... Ward)

Registration District No.: 466
Primary Registration District No.: ~~4274~~ 5623-83

File No.:
Registered No.:

2. FULL NAME Mrs. Frederick Guhl (MARIA)

(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? yrs. mos. ds.

80-3-29

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of Frederick Guhl

6. DATE OF BIRTH (MONTH, DAY AND YEAR): OCT 19 - ~~1930~~ 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	3	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(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: Hy Krueger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Do Not know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Adolph Guhl. son
(Address): Higginsville. MO.

15. FILED Feb 19 1930 Dorsi O Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1930, to Feb 18 1930, that I last saw h. alive on Feb 17 1930, and that death occurred, on the date stated above, at 9:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Extensive burn (legs, arms, abdomen, back, neck + face) (duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (SECONDARY): ..... (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: Symps
(Signed) W. T. Koppelmann, M. D.
Feb. 18, 1930. (Address) Higginsville, 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: Evg. Cemetery. H-ville
DATE OF BURIAL: Feb- 20-1930

20. UNDERTAKER: Joe W Meinschagen
ADDRESS: H-ville Mo