SEP 24 1930

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

Do not use this space.

26457

1. PLACE OF DEATH

County Greene — Registration District No. 818

Township S. Campbell — Primary Registration District No. 2440

City Springfield (No. R.F.D. #7 — St. — W

File No. —

Registered No. 627

2. FULL NAME Pauly Koetarussco

(a) Residence. No. R.F.D. #7 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 17, 1929

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

8. OCCUPATION OF DECEASED

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

(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): Okla

PARENTS

10. NAME OF FATHER: N. A. Koetarussco

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

12. MAIDEN NAME OF MOTHER: Mamie Hudson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Okla

14. INFORMANT: J. W. Hudson (Address) Springfield Mo

15. FILED 8/19, 1930 Jon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1930, to Aug 18, 1930 that I last saw her alive on Aug 18, 1930 and that death occurred, on the date stated above, at 5 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute Dysentery and Diarrhea

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1178

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) TBC

(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) W. F. Kerr, M.D.

Aug 18, 1930 (Address) 610 Woodruff Bldg

*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: Hazelwood Cem — DATE OF BURIAL: 8-19 1930

20. UNDERTAKER: Alma Lohmeyer — ADDRESS: 534 Fort Louis

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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