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.

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

Do not use this space.

32832

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4057
Township Kane — Primary Registration District No. 1002 — Registered No.
City K.C. Mo (No. 902 Benton St. Ward)

2. FULL NAME John Henry Koffler
(a) Residence (Usual place of abode) No. 902 Benton St., 12 Ward. (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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 5 1879

7. AGE: YEARS 51 — MONTHS 9 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocery
(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): Ks. Ohio

PARENTS
10. NAME OF FATHER: Simon Koffler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Record

14. INFORMANT: Florence Koffler
(Address) 902 Benton

15. FILED 10/6, 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug-15-, 1930, to Oct-6-, 1930 that I last saw him alive on Oct 6, 1930, and that death occurred, on the date stated above, at 10:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic-mesomplancy
92A
130
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute Nephritis
(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? Clinical
(Signed) W. Martin, M. D.
9-6, 1930 (Address) 800 Wash Pk Blvd

*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: Mt. Moriah Cem — DATE OF BURIAL: Oct-7 1930

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

Be 3186

[illegible] - [illegible] - [illegible]