

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

Do not use this space.

9451

**1. PLACE OF DEATH**

County Baseonade  
Township Canaan  
City..... (No.....)

Registration District No. 306  
Primary Registration District No. 5477

File No.....  
Registered No. 8 Ward.....

**2. FULL NAME**

Augusta Koepke

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

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Wm Koepke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 - 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>3</u>	<u>28</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN)..... Germany 10  
(STATE OR COUNTRY)

FATHER 13. NAME Barlesch

14. BIRTHPLACE (CITY OR TOWN)..... Germany  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN)..... not known  
(STATE OR COUNTRY)

17. INFORMANT Fred Koepke  
(ADDRESS) Rosedale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Owensville Mo DATE March 21, 1931

19. UNDERTAKER W. J. Gottenstrater  
(ADDRESS) Owensville Mo

20. FILED 3-31, 1931 J. J. Terrell  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1931, to Mar. 18, 1931

I last saw her alive on Mar. 18, 1931. Death is said

to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Influenza

11:30  
11:15

Date of onset  
3/16/31

Other contributory causes of importance:

Senility

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Clarence E. Jupp, M. D.

(Address) Owensville, Mo

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.

APR 21 1931

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