

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

Do not use this space.

13750

1. PLACE OF DEATH
 County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 2016
 City Washington (No. _____) St. _____ Ward _____

2. FULL NAME Emily Kuenzel Dobsch
 (a) Residence, No. 433 Elm Street St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 60

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Ernie Dobsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24-1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>25</u>	<u>3</u>	<u>23</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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) <u>Apr 10 1931</u>
	11. Total time (years) spent in this occupation <u>6 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

13. NAME Aloysius Kuenzel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County

15. MAIDEN NAME Anna Kleekamp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Villa Ridge Mo

17. INFORMANT Aloysius Kuenzel
 (ADDRESS) Villa Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington DATE April 20 31

19. UNDERTAKER Otto & Co.
 (ADDRESS) Washington

20. FILED Apr 20 1931 O. L. Wimmer
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1931

22. I HEREBY CERTIFY, That I attended deceased from April 10 1931, to April 16 1931
 I last saw her alive on April 16 1931. Death is said to have occurred on the date stated above, at 2:30 m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Septicemia Date of onset _____

1450 1450
 Other contributory causes of importance:
Normal Delivery of full term child April 7, 1931

Name of operation Curettage Date of operation April 10/31
 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) Frank J. Mays, M. D.
 (Address) Washington, 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.

MAY 23 1931



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