

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

Do not use this space.

17418

1. PLACE OF DEATH

County Black
Township Kahoka
City Kahoka (No. _____)

Registration District No. 190
Primary Registration District No. 5265
4113

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Wahner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15 1847</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>6</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At. Home</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co. Mo.</u>		
MOTHER FATHER	13. NAME <u>Christian Heffner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Catherine Ott</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Miss Catherine Wahner</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls Ch. Co.</u> DATE <u>June 2 1931</u>		
19. UNDERTAKER <u>Fred Thaler</u> (ADDRESS) <u>Kahoka Mo.</u>		
20. FILED <u>7/2</u> <u>31</u> <u>J. R. Bridger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1931

22. I HEREBY CERTIFY: That I attended deceased from Jan 1 to May 30 1931
I last saw h..... alive on May 30 - 2, 1931 Death is said to have occurred on the date stated above, at 230 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
Other contributory causes of importance:
Bronchial Asthma

Name of operation 930 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. R. Bridger, M. D.
(Address) Kahoka 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.

JUN 24 1931

