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 25 1931

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

Do not use this space.

17617

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township Washington — Primary Registration District No. 3016 — Registered No. 72

City Washington (No. , St. Ward)

2. FULL NAME Catherine Koch

(a) Residence, No. 401 Dubois Str St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Koch Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24th-1850

7. AGE: YEARS 80 — MONTHS 8 — DAYS 19 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 23

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) West Hoyel (STATE OR COUNTRY) Hanover Germany

FATHER

13. NAME Fredeiric Wm Boesemann

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

MOTHER

15. MAIDEN NAME Anna Marie Kaisemann

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

17. INFORMANT (ADDRESS) Katherine Koch

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington DATE 5/17th-31 19

19. UNDERTAKER (ADDRESS) Otto & Co Washington Mo

20. FILED May 16 1931 O. L. Muench Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 23rd, 1931, to May 13th, 1931

I last saw her alive on May 13th, 1931. Death is said to have occurred on the date stated above, at 10 P. m.

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

Carcinoma of Esophagus — Date of onset Feb 1st 1931

Other contributory causes of importance:

Name of operation None — Date of ✓

What test confirmed diagnosis? None — 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) Henry E. Bartling M. D.

(Address) Washington Mo.