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.

JUL 22 1931

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85 — File No. 20589

Township — Primary Registration District No. 1001 — Registered No. 801

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Katherine Holtzschue

(a) Residence, No. 114 W. Highland Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

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: Carl Holtzschue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 23, 1848

7. AGE: Years 82 — Months 11 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): May, 1931
11. Total time (years) spent in this occupation: 82

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cassel, Germany

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cassel, Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cassel, Germany

17. INFORMANT (ADDRESS): Ferdinand Holtzschue, 114 W. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE June, 9, 1931

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 6-9-31, 19 John R Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): June, 6, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to June 6, 1931

I last saw her alive on June 6, 1931. Death is said to have occurred on the date stated above, at 11.03 P.M.

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

	Date of onset
~~[illegible]~~	
Chronic nephritis c	1926
Hypertension	
131	
1078	
Other contributory causes of importance:	
Bronchopneumonia	June 5, 31
Cystitis	

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? no Date of injury, 19

Where did injury occur? no (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?

If so, specify no

(Signed) N. G. Thompson, M. D.

(Address) 825 Charles St. St. Joseph, Mo.