

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

Do not use this space.

1. PLACE OF DEATH

County *x* Waseca
Township *x* Boulvar
City (No. _____) _____

Registration District No. 304
Primary Registration District No. 5485

File No. 27985
Registered No. _____

2. FULL NAME

x Theo Kuehling

(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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *x* Aug 19-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 11 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Boulvar township Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER *x* Herman Kuehling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dontland
(STATE OR COUNTRY) *x* Germany

12. MAIDEN NAME OF MOTHER *x* Luisa Deppel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dontland
(STATE OR COUNTRY) Germany

14. INFORMANT Fred Leinkuehler
(Address) _____

15. FILED 8-27-19 F. K. Hooster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1931 to Aug 8 1931 that I last saw him alive on Aug 4 1931 and that death occurred, on the date stated above, at 4:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Gangrene - Right Leg

(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. No

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Howard Hoffman, M. D.

. 19 (Address) Pershing Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pershing Cemetery DATE OF BURIAL 8-11-31

20. UNDERTAKER Arnold Hummert ADDRESS Missouri Mo

AUG 26 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Personne Registration District No. 307
Township Boulevare Primary Registration District No. 3424
City (No.) St. Ward)

File No. _____
Registered No. 3

2. FULL NAME

Theo Koelling

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1860

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
70 11 23

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

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) (STATE OR COUNTRY) Boulevare Township Missouri

13. NAME Herman Koelling

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

15. MAIDEN NAME Louisa Dreyer

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

17. INFORMANT (ADDRESS) Fred L. Schueler

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Bershing City 8-11-31

19. UNDERTAKER (ADDRESS) Arnold Hummert Morrison Mo.

20. FILED Oct-3 1931 Mrs. F. B. Meyer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1931, to Aug 8 1931. I last saw him alive on Aug 6 1931. Death is said to have occurred on the day stated above, at 4:20 P. M.

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

Diabetic Gangrene
right leg

Date of onset

1 yr

Other contributory causes of importance:

Name of operation no 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? _____
If so, specify _____
(Signed) Howard Workman, M. D.
(Address) Bershing Mo.

REGISTRARS 6 LL NOT RECEIVE A... E FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Submitted by State Board on above date of Oct. 3 -

5867C-3