

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

Do not use this space.

41991

PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near City Farmington, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 158

2. FULL NAME Pete Kuehner
 (a) Residence, No. Commerce, Mo. 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-2-58</u>				
7. AGE	YEARS 73	MONTHS 3	DAYS 2	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Hand			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1931-12-4 1888-9-2			
	10. Date deceased last worked at this occupation (month and year) 3-2			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Williamsburg, Pa.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Pete Kuehner</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Paris, France</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Margaret Fath</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Alsace Loraine</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Hospital Records</u> (ADDRESS) <u>Farmington, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Commerce Mo.</u> DATE <u>Dec 5, 1931</u>				
19. UNDERTAKER <u>McCants</u> (ADDRESS) <u>Jackson, Mo.</u>				
20. FILED <u>12/14/31</u> <u>TJ Robinson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931, to 12-4, 1931.
 I last saw him alive on 12-3, 1931. Death is said to have occurred on the date stated above, at 12:25 am.
 The principal cause of death and related causes of importance were as follows:
Generalized arterio-sclerosis
 Date of onset _____

Other contributory causes of importance _____

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) Ed. Long, M. D.
 (Address) Farmington Mo

MARGIN RESERVED FOR BINDING

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 very important.

