

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 1932

~~9227~~ - B

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

Do not use this space.

9307-1
~~9304~~

68 1. PLACE OF DEATH
 County Monticello Registration District No. 573
 Township Mallowfork Primary Registration District No. 4357
 City Spring (No. 2771) Registered No. 3 Ward

2. FULL NAME John A. Korchner
 (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 62 yrs. 8 mos. 22 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>62</u>	<u>8</u>	<u>22</u>	

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

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) July 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello country

MOTHER FATHER

13. NAME Adolph Korchner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Helen Meyers

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

17. INFORMANT John Korchner Jr.
(ADDRESS) Spring Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 3/9 1932

19. UNDERTAKER G. G. Schubert
(ADDRESS) Spring Mo.

20. FILED 3/8 1932 G. Swelton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to March 7, 1932
 I last saw him alive on March 5, 1932 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Dementia Praecox Date of onset about 2 yrs
84 84
 Other contributory causes of importance: (D)

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 G. G. Schubert M. D.
 (Signed) G. G. Schubert
 (Address) Spring Mo.

2 FEB 26 1958