

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

Do not use this space.

9382

1. PLACE OF DEATH

72 County Franklin Registration District No. 604
 Township Union Gapout Primary Registration District No. 386
 City Antigo (No. 5798) St. _____ Ward _____

File No. 180
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

August Kueven
 (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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Anne Kueven</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-3-1862</u> | | |
| 7. AGE | YEARS <u>69</u> | MONTHS <u>11</u> |
| | DAYS <u>28</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | |
| | 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) <u>Standorf Ohio</u> | | |
| FATHER | 13. NAME <u>Bernard Kueven</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u> | |
| MOTHER | 15. MAIDEN NAME <u>Elizabeth (Dankha)</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT (ADDRESS) <u>August Kueven</u> <u>Antigo, Wis.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Antigo Cemetery</u> DATE <u>4-3-1932</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Wm. J. O'Barra</u> <u>Antigo, Wis.</u> | | |
| 20. FILED <u>4/15/1932</u> <u>Wm. J. O'Barra</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to March 31, 1932
 I last saw him alive on March 31, 1932 Death is said to have occurred on the date stated above, at 4 P.m.
 The principal cause of death and related causes of importance were as follows:
Cardiac trouble
95B
2000
 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 _____
 (Signed) W. J. O'Barra, M. D.
 (Address) Antigo, Wis.

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.

APR 28 1932

