

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

Do not use this space.

9757

**1. PLACE OF DEATH**

92 County St Charles Registration District No. 755 File No. X  
Township Genieve Primary Registration District No. 5996 e Registered No. 700 1  
City (No. ....) St. .... Ward)

**2. FULL NAME**

Katharine Halkhoff  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 7 28

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired house wife  
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) 9-0 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Missouri

MOTHER FATHER  
13. NAME Arnold Volkerding

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

MOTHER  
15. MAIDEN NAME Margaret Struckhoff

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

17. INFORMANT Frank A. Schell  
(ADDRESS) Augusta Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Augusta DATE March 23 1932

19. UNDERTAKER Frank Lightberry  
(ADDRESS) Northville

20. FILED 3-21 1932 B. M. Halkhoff  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1927, to Mar 20, 1932  
I last saw h. e. v. alive on Mar 20, 1932 Death is said to have occurred on the date stated above, at 10.4 m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Chronic myocarditis 1927  
arteriosclerosis 1927  
Ch. nephritis 1927  
cerebral hemorrhage 1932

Name of operation none Date of operation  
What test confirmed diagnosis? clinical 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? no  
If so, specify  
(Signed) Herbert N. Schurdt M. D.  
(Address) Northville Mo

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 29 1932

MARG. RESERVED FOR BINDING

