

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

Do not use this space.

15670

1. PLACE OF DEATH

26 County Cole
3 Township
8 City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No. 123
Registered No. St. Ward)

2. FULL NAME John Kauffman

(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 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 Ida B. Kauffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-22-1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Lineman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 124
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) Cole County, Mo /

FATHER 13. NAME Seraphin Kauffman

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

MOTHER 15. MAIDEN NAME Mary Stehlin

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

17. INFORMANT (ADDRESS) Albert Kauffman
Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE May-27- 19. 32

19. UNDERTAKER (ADDRESS) Wm. Gordon
Jefferson City, Mo.

20. FILED Wm. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1932

22. I HEREBY CERTIFY, That I attended deceased from May Apr 3 1932 to May 26 1932

I last saw him alive on May 26 1932 Death is said to have occurred on the date stated above, at 11:45 p.m.

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

acute lymphatic leukemia Date of onset unknown

Other contributory causes of importance: none

Name of operation debaratory Date of no
What test confirmed diagnosis? debaratory 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 no

(Signed) Wm. Bradford M. D.
(Address) Jefferson City, Mo

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 21 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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