

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

Do not use this space.

18501

1. PLACE OF DEATH

County Warrick Registration District No. 881
Township Elkhorn Primary Registration District No. 6171
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 19

2. FULL NAME

Ida Bertha Koch

(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 Female 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 Fred J. Koch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5th 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>45.</u>	<u>8</u>	<u>28.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home 235
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Fairfield, Minn.
(STATE OR COUNTRY) Minn 2

10. NAME OF FATHER William Schlipf
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) 16
12. MAIDEN NAME OF MOTHER Wilhelmina Milz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) _____

14. INFORMANT Fred J. Koch
(Address) R.F.D. Warrick Mo

15. FILED May 4, 1932 A.W. Kelling
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1932

17. I HEREBY CERTIFY, That I attended deceased from _____
January, 1932, to May 2, 1932
that I last saw her alive on May 2, 1932, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of uterus

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Lyle S. Hardin, M.D.

May 2, 1932 (Address) Hampton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrick Rly Co DATE OF BURIAL 5/4 1932

20. UNDERTAKER A.W. Kelling ADDRESS Warrick

