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.

AUG 22 1932

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

Do not use this space.

21837

4

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No. 38

Township — Primary Registration District No. 4010 — Registered No.

City Savannah (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME Frank George Kahler

(a) Residence, No. St., Ward. Bridgport Wis
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 8 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11-1858

7. AGE: YEARS 74 — MONTHS 6 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Prairie de Chien Wis

FATHER

13. NAME Charles Kahler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) George A. Kahler Prairie du Chiens Wis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prairie du Chien Wis DATE July 26 1932

19. UNDERTAKER (ADDRESS) Frank A. Bowman Savannah Mo.

20. FILED July 23 1932 C O Jefferson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-17-1932, to 7-23-1932

I last saw him alive on 7-23-1932. Death is said to have occurred on the date stated above, at 6.20 P.m.

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

	Date of onset
Cerebral Hemorrhage	4 days
53E 53	
82A 53	
Other contributory causes of importance:	
Carcinoma left eye	4 yrs

Name of operation Date of

What test confirmed diagnosis? Physical 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

(Signed) Willard A. Stearns, M. D.

(Address) Savannah Mo.