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.

SEP 22 1932

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

Do not use this space.

22197

File No. .....

Registered No. .....

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 16782

Township Randol — Primary Registration District No. 131

City " (No. ....., ... St. ..... Ward)

2. FULL NAME Baby Koechig

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)

(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.

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: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9-1932

7. AGE: YEARS | MONTHS | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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): Jackson Mo

FATHER

13. NAME: Lewis Koechig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dutchtown Mo

MOTHER

15. MAIDEN NAME: Pauline Probst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Gir. Co Mo

17. INFORMANT (ADDRESS): Lewis Koechig Jackson Mo R.R. 5

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salem Cemetery DATE July 22 1932

19. UNDERTAKER (ADDRESS): Lorberg F & N Co Cape Girardeau Mo

20. FILED Aug 10 1932 Oliver J Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1932, to July 21, 1932

I last saw him alive on July 19, 1932 Death is said to have occurred on the date stated above, at 12 P.M.

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

Colitis — Date of onset 7/18/32

119B 119

Other contributory causes of importance: None

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? No

If so, specify .....

(Signed) [illegible], M. D.

(Address) Jackson Mo

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