

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

Do not use this space.

22331

**1. PLACE OF DEATH**

County *Cole*  
Township *Jefferson*  
City *Jefferson* (No. .... St. .... Ward)

Registration District No. *213*  
Primary Registration District No. *3014*

File No. *155*  
Registered No. ....

**2. FULL NAME**

*Catherine Rhoda 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. *1* 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) *Child*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 16, 1930*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. .... min.  
*3 5 20*

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) *New Jersey*

13. NAME *Charles Kauffman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Jersey*

15. MAIDEN NAME *Rhoda Kessler*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maryland*

17. INFORMANT (ADDRESS) *Charles Kauffman, Rt. 1, Box 62, Jefferson City, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery, Jefferson City, Mo.* DATE *July 7, 1932*

19. UNDERTAKER (ADDRESS) *Dawson, Angus, 700 Jefferson St., St. Louis, Mo.*

20. FILED *July 9, 1932* *Out Bradley* Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7, 1932*

22. I HEREBY CERTIFY That I attended deceased from *July 6, 1932 to July 7, 1932*  
last saw *her* alive on *July 6, 1932*. Death is said to have occurred on the date stated above, at *2 A.* m.  
The principal cause of death and related causes of importance were as follows:

*Burns*  
Caused by falling over a bucket of gasoline which caught fire from burning material part of surface of body.  
Other contributory causes of importance: *None*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *(D)*

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide ..... Date of injury *7-6, 1932*  
Where did injury occur? *Jefferson City, Cole Co. Mo*  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. *home*

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) *H. C. Taylor*, 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.

AUG 23 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

**1. PLACE OF DEATH**

County Cole

Registration District No. 213

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3014

Registered No. 155-

City Jeff City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Catherine Rhoda 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 10/11 1902 M. Bedford Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1902

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_, to \_\_\_\_\_, 19\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Business caused by falling over a bucket of gasoline which caught fire Date of onset \_\_\_\_\_

Other contributory causes of importance: Child was on a building, consequently, no building burned.

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? accident 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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

**SUPPLEMENTARY**

N. B. - Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement shall not receive a fee for certificates until they are complete as prescribed by PHYSICIAN. OCCUPATION is very CAUSE

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY

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