

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

Do not use this space.

23889

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 6074 File No. 289
 Township Esther Primary Registration District No. 6074 Registered No. _____
 City Esther (No. _____) St. _____ Ward _____

2. FULL NAME Skellton Lemoss Koen
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16th 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>74</u>	<u>5</u>	<u>17</u>	

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

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) Esther, Mo.

MOTHER FATHER
 13. NAME Davis Koen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genn. 2

MOTHER FATHER
 15. MAIDEN NAME Nancy Davis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Mo.

17. INFORMANT Mrs Belle Koen
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Barkview Cemetery DATE 7-5 19 _____

19. UNDERTAKER (ADDRESS) Goodwell Bros
Feather River

20. FILED July 3 1932 W. J. Dugan
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932, to July 2, 1932
 I last saw him alive on July 2, 1932. Death is said to have occurred on the date stated above, at 7:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic valvular heart disease & Chronic nephritis
 Date of onset 1930
 Other contributory causes of importance: 151 / 131

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. _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) W. M. Fuller, M. D.
 (Address) Postage 2nd

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

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.

JUL 27 1932

