

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

Do not use this space.

25841

1. PLACE OF DEATH

35 County Franklin Registration District No. 288
7 Township Independence Primary Registration District No. 4172
4 City Keosauqua (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

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

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 Lula Hoehue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 21, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 23

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. Southern

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Aug Hoehue

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

15. MAIDEN NAME Soub Kuro

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

17. INFORMANT (ADDRESS) Lula Hoehue
Keosauqua

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel City DATE Aug 3 1932

19. UNDERTAKER (ADDRESS) Opportunity Farm
Keosauqua

20. FILED Aug 14 1932 Thulius Davis
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17 1932, to Aug 1 1932
I last saw him alive on Aug 1 1932 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:

Cerebral hemorrhage
g.v.s
97
820

Other contributory causes of importance:
General Arteriosclerosis

(Name of operation) _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____, 1932

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) Thulius Davis, M. D.
(Address) Keosauqua

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 2 1932

