

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.

SEP 22 1932

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

Do not use this space.

25888

1. PLACE OF DEATH
 37 County GASCONADE Registration District No. 303
 Township MARK Primary Registration District No. 5420
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME FRITZ KIRCHHOFER
 (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? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ERIKA KIRCHHOFER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APR. 20-1857</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>4</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RETIRED FARMER</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) _____ <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation _____ <input checked="" type="checkbox"/>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SWITZERLAND</u>	
	13. NAME <u>JACOB KIRCHHOFER</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SWITZERLAND</u>	
MOTHER	15. MAIDEN NAME <u>BARBARA SUMA</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SWITZERLAND</u>	
	17. INFORMANT <u>Mrs F. Kirchhofer Hermann, Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>NILTHEY FARM. Cem</u> DATE <u>8/27</u> 19 <u>32</u>	
	19. UNDERTAKER <u>HUGO BLUMER Hermann, Mo</u>	
	20. FILED <u>8-25</u> 19 <u>32</u> <u>Anna Krichhoff</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23^d 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28^d 1932 to August 23^d 1932
 I last saw him alive on August 25^d 1932 Death is said to have occurred on the date stated above, at 7:00 p.
 The principal cause of death and related causes of importance were as follows:
Right Cerebral Apoplexy July 28 1932
82A J. H. W.
97 J. H. W.
 Other contributory causes of importance:
Adenoid Sclerosis 1

Name of operation none Date of _____
 What test confirmed diagnosis clinical exam 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? no
 If so, specify _____
 (Signed) John H. Beck _____, M. D.
 (Address) Hermann Mo

