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

Do not use this space.

29997

1. PLACE OF DEATH 79
County Perry — Registration District No. 659 — File No. 84
Township Cinque Home — Primary Registration District No. 5876 — Registered No. 84
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs Matilda Kohlfelt
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Barney Kohlfelt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26-1859
7. AGE: YEARS 73 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Bollinger Co. Mo

FATHER
13. NAME: Henry C. Nahs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co. Mo

MOTHER
15. MAIDEN NAME: Elizabeth Seabaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co. Mo.

17. INFORMANT (ADDRESS): Mrs Antone Balsman
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Biehle Mo DATE: Sept 10, 1932
19. UNDERTAKER (ADDRESS): Zollner & Young Perryville Mo
20. FILED: Sept 10, 1932 Martin Moeckel, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 8th 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 4th, 1932, to Sept 8th, 1932
I last saw her alive on Sept. 4th, 1932. Death is said to have occurred on the date stated above, at 9-15 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach duration 2 to 3 years
Date of onset
31
117
Other contributory causes of importance:
Chronic Cartis Vascular renal desease With tuppertimiseon duration
Name of operation 4 or 5 - years. 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?
If so, specify
(Signed) Oscar A Cavron, M. D.
(Address) Perryville Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

SEP 26 1932