

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

Do not use this space.

31738

1. PLACE OF DEATH
 23 County Clark Registration District No. 190
 Township Jackson Primary Registration District No. 5241
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Charles J. Kirchner
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1862
 7. AGE YEARS 70 MONTHS 4 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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. _____
 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) Clark Co. Missouri

FATHER 13. NAME John C. Kirchner

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

MOTHER 15. MAIDEN NAME Barbara Kirchner

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

17. INFORMANT (ADDRESS) George Kirchner, Kahoka, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newman Cem DATE Oct 10 1932

19. UNDERTAKER (ADDRESS) Fred J. Parle, Kahoka, Mo.

20. FILED 10/10 1932 J. H. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1932, to Oct 8 1932

I last saw him alive on Sept 6 Death is said

to have occurred on the date stated above, at 12 P.M.
 The principal cause of death and related causes of importance were as follows:

Salvular disease of heart Date of onset _____
97A
95B 92A
 Other contributory causes of importance: Reflected pain of heart
 (1)

Name of operation None Date of _____
 What test confirmed diagnosis Smear 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) W. H. Harris, M. D.
 (Address) Canton, Mo.

NOV 22 1932

