

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

Do not use this space.

File No. 131925
2005

1. PLACE OF DEATH

36 County Franklin Registration District No. 297
 8 Township Washington Primary Registration District No. 5016
 7 City Washington (No.) St. Ward)

File No.
 Registered No. 91
 St. Ward)

2. FULL NAME Theresa Koehring

(a) Residence. No. 516 Horn St. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Koehring

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 5 5

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) Housework
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Haupt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia Richter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Ed. Sprehe
 (Address) W. Second St., Washington, Mo.

15. Oct 28 1932 O. L. Immich
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 27 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct. 12 - 1932, to Oct. 27 - 1932, that I last saw him alive on Oct. 26 - 1932, and that death occurred, on the date stated above, at N. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatic Carcinoma
4600
 (duration) unknown yrs. mos. ds.
 CONTRIBUTORY metastasis to intestines (SECONDARY) (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. A. Wiley M. D.

Oct. 28, 1932 (Address) Washington, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery
Washington, Mo. DATE OF BURIAL 10/29/ 1932

20. UNDERTAKER Otto & Co., Washington, Mo. ADDRESS

NOV 3 1932

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.

