

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

Do not use this space.

38019

1. PLACE OF DEATH
 97 County Saline Registration District No. 801
 Township Aut Bond Primary Registration District No. 6044
 City (No. _____) St. _____ Ward _____

2. FULL NAME Katy Kurchoff
 (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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Kurchoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>5</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 235

10. Date deceased last worked at this occupation (month and year) Sept 17 1932 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co 1

MOTHER FATHER

13. NAME Steffens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp

15. MAIDEN NAME Mary Schneider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Benton Co Mo

17. INFORMANT Lenard Kurchoff
 (ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Flora Cemetery DATE Nov. 14 1932

19. UNDERTAKER R. C. Carter
 (ADDRESS) Sweet Springs Mo

20. FILED 11-14-32 H. H. Ringer
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932, to Nov 12, 1932.
 I last saw her alive on Nov 12, 1932. Death is said to have occurred on the date stated above, at 10:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Oct 13 1932
Arteriosclerosis
 Other contributory causes of importance:
Un-known

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. H. Ringer M. D.
 (Address) Sweet Springs, Mo.

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.

JAN 5 1933

