

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

Do not use this space.

1. PLACE OF DEATH

19 County Cass Registration District No. 152
Township Camp Branch Primary Registration District No. 5216
City (No.) St. Ward)

File No. 38822
Registered No. 89

2. FULL NAME

Katherine Fern Kircher
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1/1A
10. Date deceased last worked at this occupation (month and year) 1915 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo

13. NAME Jacob F. Kircher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo

15. MAIDEN NAME Henrietta Plank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois?

17. INFORMANT Leah M. Kircher (ADDRESS) Lawrence, Kans 345 Ma

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant Cemetery DATE 1/30 32

19. UNDERTAKER (ADDRESS) Harrisonville Mo

20. FILED 12/31 1932 P. R. Hartzler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932 to Dec 29 1932
I last saw h. u alive on Dec 29 1932 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:
Sh. pneumonia
Septic type
(bronchial)
Other contributory causes of importance:
10/17

Name of operation Cholec Date of no
What test confirmed diagnosis? Cholec 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 David F. Long M. D.
(Signed) Harrisonville Mo
(Address) Harrisonville 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 22 1933

