

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

Do not use this space.

1. PLACE OF DEATH  
 70 County Montgomery Registration District No. 594  
 Township Sauire Primary Registration District No. 4352  
 City (No. 57882) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alice Edith Korman  
 (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.

File No. 6-389  
 Registered No. 5389  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 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) July 5 1919

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	13	7	20	

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

9. BIRTHPLACE (CITY OR TOWN) Americus  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Joseph Korman

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

12. MAIDEN NAME OF MOTHER Lotte Clara Weibing

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

14. INFORMANT Joseph Korman  
 (Address) Americus mo

15. FILED 2/25 1933 D.R. Rauschelbach  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1933, to Feb 25, 1933, that I last saw him alive on Feb 25, 1933, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Brochial Pneumonia

8. Scarlet Fever (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 1/2 ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 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 Clinical  
 (Signed) D. R. Rauschelbach, M. D.  
2/25. 1933 (Address) Rhine land 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 Starkenburg Centry DATE OF BURIAL 2-27 1933

20. UNDERTAKER Barton Baker ADDRESS Americus mo

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.

