

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

Do not use this space.

9470

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 3204 Penn)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. 1 1059  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Elizabeth Koehler

(a) Residence, No. 3204 Penn St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 August Koehler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 5 15

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.

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) Kansas City, Mo.

13. NAME Nickoles Wirthman

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

15. MAIDEN NAME Anna Schmidt

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

17. INFORMANT Dr Wm Koehler  
(ADDRESS) 14 East 56th

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvery Cemetery DATE Mar 6 1933

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood Blvd.

20. FILED 3-4-33 M M Cray  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3, 1933 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1932 to March 3 1933  
I last saw her alive on March 3rd 1933. Death is said to have occurred on the date stated above, at 4:30 P.

The principal cause of death and related causes of importance were as follows:

Encephalo-malacia Date of onset Dec 15 1933

Other contributory causes of importance: arteriosclerosis 1923

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1933

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) Paul W. Rank M. D.  
(Address) 1402 Bryant Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occurrence.

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