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

Do not use this space.
30306

1. PLACE OF DEATH
County Moniteau
Township
City California (No. , St. Ward)

Registration District No. 571
Primary Registration District No. 4635

File No.
Registered No. 54

2. FULL NAME Joe E. Kossman

(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.

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Anna Margaret Kossman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 1852

7. AGE: Years 81 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retir d merch nt
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) Niederhausen Germany

FATHER
13. NAME dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know

MOTHER
15. MAIDEN NAME dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know

17. INFORMANT Mrs. Lobeck (ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL
PLACE California DATE Sept 28 1933

19. UNDERTAKER Mrs. Lenora Sam (ADDRESS) California

20. FILED 9-18-33, 19 H. R. Popejoy Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933, to Sept 16, 1933
I last saw h alive on Sept 16, 1933 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
92A	
92A	
97	

Other contributory causes of importance:
Mitral stenosis & regurgitation
Aortic sclerosis

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

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

(Signed) J. M. Barkley, M. D.
(Address) California Mo.