

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

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

Do not use this space.

4371

1. PLACE OF DEATH

County Cole
Township Moran
City Lohman (No. _____)

Registration District No. 214
Primary Registration District No. 5-294

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME Ebehardt Koestner

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17/1934

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934, to Feb 17, 1934
I last saw him alive on Feb 17, 1934 Death is said to have occurred on the date stated above, at 10:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5th, 1846

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 88 1 12

Bronchial pneumonia Date of onset 2-12-34

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

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 _____

Other contributory causes of importance: Chronic myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

13. NAME Unknown.

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

15. MAIDEN NAME Anna Wolf.

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

17. INFORMANT Fred Koestner.
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Lohman Cem. DATE 2/19/34

19. UNDERTAKER Hugo H. Schubert
(ADDRESS) _____

20. FILED 2 Russellville, Mo.

Miss M. L. Central Ave. Mo. Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? _____

If so, specify _____

(Signed) J. P. Leslie, M. D.

(Address) Russellville

