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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 12030
Township — Primary Registration District No. 1001 — Registered No. 510
City St. Joseph Mo (No. Mo Meth Hosp St. Ward)

2. FULL NAME Charles W. Koch
(a) Residence, No. ~~Kansas City Mo~~ St., Ward. Kansas City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marie A Koch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 21 1868
7. AGE: YEARS 66 — MONTHS 2 — DAYS 7 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cemkeeper
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): Unknown Germany

FATHER
13. NAME: Koch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Marie Hartman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Nellie Koch Kansas City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill Ave DATE: May 1, 1934
19. UNDERTAKER (ADDRESS): Wagner Funeral Home Kansas City Mo
20. FILED: 4-29-1934 John R. Bendus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 28, 1934
22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ on April 29, 1934, to ..., 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
Shock following fracture of both legs below knee
Date of onset
210
Other contributory causes of importance:
Struck by car on Highway No 71.
Name of operation: none Date of
What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4 28, 1934
Where did injury occur? Buchanan Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury: Fracture of both legs below knee
Nature of injury: Struck by car
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Forrest Thomas Coroner, M. D.
(Address) 731 Faaron