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

Do not use this space.

13569 a

1. PLACE OF DEATH

County: Marion — Registration District No.: 547 — File No.: 13569 a

Township: Mason — Primary Registration District No.: 3079 — Registered No.: 160

City: Hannibal (No. 601, Union St. 4 Ward)

2. FULL NAME Margaret Ella Koch

(a) Residence, No. 601 Union St., 4 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Andrew Koch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 2, 1863

7. AGE: YEARS 70 — MONTHS 7 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Wife
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): Memphis Tenn

FATHER

13. NAME: Timothy H. Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Anna Spellacy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Anna Cole, Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Mary Cemetery DATE: 4-30, 1934

19. UNDERTAKER (ADDRESS): James O'Donnell, Hannibal Mo.

20. FILED: June 5, 1934 R. H. Dobrister, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to Apr 28, 1934

I last saw her alive on Apr 27, 1934 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Abscess of Lung — Date of onset

11A

11B

11a

Other contributory causes of importance: Influenza

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) A. L. Shanks, M. D.

(Address) Hannibal 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.

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

AUG 2 1934