

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

Do not use this space.

1. PLACE OF DEATH

County Franklin

Registration District No. 295

Township Boone

Primary Registration District No. 5415a

City Louisia (No. 1)

St. _____ Ward _____

File No. 16308

Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OR (OR) WIFE OF <u>Wm. Mincomeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18 1869</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>1</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Beaufort Mo</u>		
FATHER	13. NAME <u>Fritz Kuehous</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. NAME <u>Charlotte Holmar</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Wm. Mincomeyer</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Johns Lutheran Church</u> DATE <u>May 14 1934</u>		
19. UNDERTAKER (ADDRESS) <u>B. H. Legum</u> <u>Beaufort Mo</u>		
20. FILED <u>5715</u> 19 <u>34</u> <u>Wm. Mincomeyer</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1934

HEREBY CERTIFY, That I attended deceased from May 5 1934 to May 12 1934

I last saw her alive on May 12, 1934 Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 5/5/34

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? General Was there an autopsy? No

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. H. Matthews M. D.
(Address) Beaufort Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 21 1934

