

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

Do not use this space.

21359

1. PLACE OF DEATH

County Osage
Township Jackson
City Keokuk (No. _____)

Registration District No. 641
Primary Registration District No. 5850

File No. 7
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Christina Kochner
(a) Residence, No. Keokuk, Mo. 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ben Kochner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1848-7-5</u>		
7. AGE <u>85</u>	YEARS	MONTHS <u>11</u>
		DAYS <u>25</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. <u>✓</u>	
	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>Germany</u>		
MOTHER, FATHER	13. NAME <u>Kasper Classmeyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Elizabeth Torker</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Heerman Bay Jr</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keokuk</u> DATE <u>July 2, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>H. H. Strop, Keokuk, Mo.</u>		
20. FILED <u>July 1, 1934</u> <u>Robert Preater</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1934

22. I HEREBY CERTIFY That I attended deceased from March 3, 1928, to June 30, 1934

I last saw her alive on June 27, 1934. Death is said to have occurred on the date stated above, at 8:45 m.

The principal cause of death and related causes of importance were as follows:
Typhoid fever
puerperal
apoplexy

Date of onset _____

Other contributory causes of importance:
Chronic nephritis

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 Chronic Nephritis
(Signed) W. F. Freeling, M. D.
(Address) Keokuk, 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.

JUL 13 1934

