Avilla
Mrs. Hall

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 419 — File No. 25157
Township McDonald — Primary Registration District No. 5573 — Registered No.
City Route 1 - Reeds (No. , St. Ward)

2. FULL NAME Herbert Wayne Kahl
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1923
7. AGE: YEARS 11 — MONTHS 1 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Route 2 - Reeds Mo.

FATHER
13. NAME Herbert Kahl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reeds Mo.

MOTHER
15. MAIDEN NAME Edna McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avilla Mo.

17. INFORMANT (ADDRESS) Herbert Kahl Route 2 - Reeds, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Avilla Cem. DATE July 25 1934
19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage Mo.
20. FILED July 24 1934 Mrs W. A. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934, to July 23, 1934
I last saw him alive on July 23, 1934. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
107A	

Other contributory causes of importance:
107A

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?
If so, specify
(Signed) Dr. J. G. Hope, M. D.
(Address) Dudenville, Tw.

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.

AUG 13 1934

100M-11-24-33