

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

*Dr. [Signature]*  
Do not use this space.  
**25865**  
File No. **254**  
Registered No. **668**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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.

**1. PLACE OF DEATH**

County **Pettia** Registration District No. **668**  
Township \_\_\_\_\_ Primary Registration District No. **3.03.2**  
City **Sedalia** (No. **700 N Grand**)

**2. FULL NAME** **Henrietta Kuhn**

(a) Residence, No. **700 N Grand** St., \_\_\_\_\_ 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 **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Kuhn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 12 1852**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**82 5 6**

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. \_\_\_\_\_  
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) **Ill.**

FATHER 13. NAME **Irral Drone**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) **Mrs. J. L. Menfee Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Crown Hill** DATE **July 20 1934**

19. UNDERTAKER (ADDRESS) **Gillespie Funeral Home Sedalia Mo.**

20. FILED **7-20 1934** **Juan Slack** Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 18 1934**

22. I HEREBY CERTIFY, That I attended deceased from **about 54 years ago**, to **July 18 1934**  
I last saw her alive on **July 18 1934** Death is said to have occurred on the date stated above, at **6:25 P.**  
The principal cause of death and related causes of importance were as follows:

**Soft Hemiplegia**  
**9508 (3rd Ave)**  
**9642**  
**Similarity - Cardio Nephritic**  
Date of onset **7/15/34**  
Other contributory causes of importance **5 years**

Name of operation **None** Date of \_\_\_\_\_  
What test confirmed diagnosis? **Fundus** where 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 **L**  
Nature of injury **L**

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) **J. B. Carls** M. D.  
**7/20/34** (Address) **314 Ohio St Sedalia Mo**

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